

# ELITE CAMP

**Grades:** 9th-12th grade

**When:** Sunday, August 21st, 2016

**Where:** Fant-Ewing Coliseum

**Camp Time:** 1:00 p.m. – 4:00 p.m.

**Registration:** August 21st, 12:00 p.m. – 1:00 p.m.

**Cost:** \$40

**Deposit:** \$20 non-refundable

**Checks payable to:**

Warhawk Women's Basketball Camp

For more information, contact coach David Saur:

**Cell:** 443-340-3260

**Email:** saur@ulm.edu

Camp is open to any and all individuals, from the novice to the more advanced



THE UNIVERSITY OF LOUISIANA MONROE  
**WOMEN'S BASKETBALL PROGRAM**  
308 WARHAWK WAY | MONROE, LA 71209



## WOMEN'S BASKETBALL CAMPS



**JEFF DOW**  
HEAD COACH  
3RD SEASON

# #TAKEFLIGHT



## [ ***CAMPER INFO*** ]

Please fill out the form below and sign the parental consent form on the next page. Return the completed camper information and consent forms with the required deposit to:

**Warhawk Women's Basketball Camp**  
308 Warhawk Way | Monroe, LA 71209

**Name:** \_\_\_\_\_

**T-Shirt Size (Circle One):**  
Adult:    S    M    L    XL    2X

**School:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Grade (entering August 2016):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Email:** \_\_\_\_\_



## PARENTAL ***CONSENT FORM***

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, suffers from no illnesses, disabilities, or condition that requires medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a condition of admittance as a camper, the undersigned on behalf of all parents and guardians and on behalf of the applicant, hereby releases the University of Louisiana Monroe, head coach Jeff Dow, and all other employees or agents of the camp from any and all liability from illness or injury, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

\_\_\_\_\_  
(Write Camper Name Here)

Additionally, I hereby give the University of Louisiana Monroe/Warhawk Women's Basketball Camps permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give the University of Louisiana Monroe/Warhawk Women's Basketball Camps permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only

Date Received: \_\_\_\_\_

Deposit: \_\_\_\_\_

Form of Payment: Cash or Check

Balance due: \_\_\_\_\_