



2010 UCCS BASKETBALL TEAM CAMP



JUNE 4TH & 5TH



UCCS BASKETBALL CAMP APPLICATION

TEAM NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 CAMPERS AGE _____ DATE OF BIRTH _____
 PHONE (H) _____ (C) _____
 EMERGENCY CONTACT _____
 EMERGENCY PHONE _____
 SHIRT SIZE: S M L XL

DEPOSIT REQUIRED BY MAY 15TH.
THERE IS A \$100 NON-REFUNDABLE
DEPOSIT PER TEAM
TOTAL \$ _____

TEAM CAMP: JUNE 4-5
 VARSITY: \$400
 JUNIOR VARSITY/FRESHMAN: \$375

*MAKE CHECK PAYABLE TO UCCS ATHLETICS

MAIL TO: UCCS ATHLETICS, 1420 AUSTIN BLUFFS
 PKWY., COLORADO SPRINGS, CO 80918

PARENT/GUARDIAN CONSENT

I/we, the undersigned, hereby certify that I am/we are the parent (s) or legal guardian(s) of the camper. I/we hereby authorize the staff of the UCCS sports campus to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless UCCS employees, suppliers, sponsors, and participants for any and all liability and for any and all injuries or illness incurred while at camp. I/we acknowledge that participation in this camp may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in the UCCS Summer Sports Camps. By signing this form, I/we acknowledge that I have read and understand the above warning.

Signature _____
 Name of Insurance Carrier _____
 Policy Number _____
 Date of Signature _____

IMPORTANT INFORMATION FOR COACHES

- EACH TEAM WILL PLAY SIX GAMES IN 2 DAYS
- ALL PARTICIPANTS WILL RECEIVE A CAMP T-SHIRT
- GAMES WILL BE HELD AT THE UCCS REC CENTER AND CSCS HIGH SCHOOL
- GAMES WILL BE OFFICIATED BY CERTIFIED REFEREES AND CAMP STAFF
- TOURNAMENT CHAMPIONS WILL RECEIVE CUSTOMIZED BASKETBALLS
- YOU WILL BE ALLOWED (4) 30 SEC. TIMEOUTS FOR MORE TEACHING TIME
 - THERE WILL BE 4 DIVISIONS
 - UPPER VARSITY, LOWER VARSITY, JV, AND FRESHMAN DIVISION.
 - A PARENT SIGNATURE FOR EACH PLAYER IS REQUIRED

PLEASE INDICATE HOW MANY TEAMS AND IN WHICH DIVISION:

UPPER VARSITY _____ LOWER VARSITY _____ JV _____ FRESHMAN _____

**PLEASE CONTACT RUSS CATON WITH ANY QUESTIONS:
 719-255-3680 RCATON@UCCS.EDU**

WWW.GOMOUNTAINLIONS.COM

