

**Makes a great
holiday gift!**



LITTLE ZAGS BASKETBALL CAMP

January 3rd and 4th, 2010
Sunday, January 3rd – 2:00 -- 5:00 p.m.
Monday, January 4th – 5:00 -- 8:00 p.m

Little Zags Basketball Camp is a fundamental camp for boys and girls, grades 1-6.

CAMP INFORMATION

- Cost:** \$60 through December 19, 2009
\$75 after December 19, 2009
- Includes:** Instruction and Skill Development
Autograph Session with Current Players
- Location:** Camp will take place at the Martin Centre on the Gonzaga Campus.

CAMP STAFF

Instruction will be provided by the Gonzaga University Men's Basketball current and former Bulldog players with help from the coaching staff.

- Come learn the game of basketball from college basketball's best. •

CAMP SCHEDULE

Each day will be broken up into fundamental areas stressing shooting, defense, passing, ball handling, footwork and Gonzaga's team concepts.

For more information contact Brian Michaelson at 509-313-3994

Or email: basketballcamps@athletics.gonzaga.edu

Sign up online @ www.gonzagabasketballcamps.com

REGISTRATION – Little Zags 2010

Complete the registration form and mail it along with a check or money order for the appropriate amount, in full, payable to: Gonzaga Basketball Camp. C/O Gonzaga Basketball Camp, P.O. Box 40126, Spokane, WA, 99202. **OR Register on the web at www.gonzagabasketballcamps.com.** Registrations on a first come, first serve basis.

PLEASE PRINT CLEARLY

Name _____ Address _____
City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____
Parent Name _____ Email _____ Gender _____
Age _____ Grade _____ Birthdate _____ School _____

LIABILITY RELEASE AND MEDICAL AUTHORIZATION

I understand that participation in organized sports and sports instruction carries with it the risk for bodily contact that may cause injury, including but not limited to, bruises, cuts, broken or dislocated bones, concussions, and the potential for other more serious injuries. I have discussed this potential with my child and I believe that my child has sufficient physical ability, skills, knowledge and maturity and I know of no mental or physical conditions that may affect my child's ability to safely participate in this program. My child is voluntarily participating in this program. I understand that the program operator and Gonzaga University assume no responsibility for transportation to and from the program. I hereby release and hold harmless the program operator, their employees, agents and assigns, as well as Gonzaga University, their employees, agents and assigns from any and all claims I may have arising out of my child's participation in this program, including negligence, errors and omissions now and forever. I hereby authorize the program operator, their employees, agents and assigns, to act in my absence in the case of illness or injury involving my child. I understand that I am responsible for any and all medical and other charges (such as ambulance transportation) incurred in connection to my child's participation in this program. I understand that the program and Gonzaga University assume no responsibility for administering medication to my child or providing other services or monitoring of any health condition. If such is necessary I understand that I should discuss that with my child's coach.

Parent or Guardian Signature

Date

Medical Insurance Co

Policy Number