



2010 Gonzaga Basketball Elite Camp

Dates: Friday, June 25th 6:30pm – 9 pm.
Saturday, June 26th 9am– 4pm

Eligibility: Boys, Grades 9 -12

Cost: \$100 for overnight camper (housing on 25th)
\$75 for day camper
\$125 for camp and housing 25th and 26th

Location: Camp will take place on the Gonzaga University Campus at the McCarthy Athletic Center.



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

For more information

Contact: Brian Michaelson at 509-313-3994 FAX: 509-313-3958
Or email: basketballcamps@athletics.gonzaga.edu

REGISTRATION

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. Fax completed registration with credit card information to 509-313-3958. Registrations on a first come, first serve basis-SPACE IS LIMITED. Please select camp option:

OVERNIGHT(25th) \$100 · · DAY CAMPER \$75 · OVERNIGHT (25TH & 26TH) \$125

AIRPORT TRANSPORTATION - \$30 (PLEASE EMAIL OR FAX ITINERARY ASAP)

Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____ Grade (entering next fall) _____ High School _____

Emergency Contact: _____ Emergency Phone: _____

Liability Release and Medical Authorization (MANDATORY)

NOTICE OF RISK AND RELEASE

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.

MEDICAL AUTHORIZATION

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.

Medical Insurance Company _____

Policy # _____

Parent/Guardian signature _____

Date _____

Credit card number _____

Exp. _____ / _____ Phone: _____