COACHING STAFF

CAROL SIMON - Head Coach
Coach Simon has led the Judges for the past 30 years. She earned University Athletic Association Coaching Staff of the Year honors in 1991-92 and 2004-05 and was inducted into the New England Basketball Hall of Fame in 2010.

She guided the team to four straight NCAA Division III tournament appearances from 2006-2009. The 2008-09 campaign included the team’s historic run to the Elite Eight.

SCOTT FOULIS - Associate Head Coach
Coach Foulis is in his eleventh season at Brandeis University. In that time the Judges have made 2 NCAA Tournament appearances, including reaching the Elite Eight in 2009, and won an ECAC New England Championship. Prior to Brandeis, he coached at several Division I and Division III schools and was on the sidelines for four additional NCAA Tournament appearances, and coached two players who were selected in the 2003 WNBA draft.

ELITE PROSPECT CLINIC

The Elite Prospect Clinic at Brandeis University is for highly motivated student-athletes who have aspirations of playing basketball at the collegiate level. The clinic is an opportunity to experience what it means to be a collegiate student-athlete.

Head Coach Carol Simon and Associate Head Coach Scott Foulis bring in over 40 years of coaching experience from various collegiate levels.

The Brandeis Women's Basketball staff and Brandeis players will instruct campers on individual skill development as well as working within the team dynamic. This clinic will simulate a college environment while helping develop you into a more complete player at the next level.

The off court presentations and Q&A session will educate campers about the collegiate recruiting and admissions process. Also, it will provide information to the prospects about the curriculum, facilities and student body at Brandeis University.

The goal is to leave a better player and to have had fun doing it! Come experience college basketball with our Brandeis Women’s Basketball program!

2017 GIRLS' BASKETBALL ELITE PROSPECT CLINIC
at
BRANDEIS UNIVERSITY

JULY 30, 2017

www.brandeisjudges.com
781-736-3646
**Daily Schedule**

- 9:00am: Arrival/Check-In
- 9:30am: Introduction
- 10:00am: On Court Session 1
- 11:00am: 5 v 5 Games
- 12:00pm: Lunch
- 1:00pm: Brandeis Presentation Q&A Session
- 2:00pm: On Court Session 2
- 3:00pm: 5 v 5 Games
- 4:00pm: Closing Remarks
- 4:15pm: Departure

**What To Bring**

Multiple t-shirts, gym shorts, socks, and basketball sneakers

Reversible jersey will be provided

**Questions?**

Contact: Carol Simon  
Email: csimon@brandeis.edu  
Phone: 781-736-3646  
Website: www.brandeisjudges.com

---

**REGISTRATION FORM**

- **Player's Name:** ____________________________
- **Home Address:** ____________________________
- **City:** _______ **State:** _______ **Zip:** _______
- **Player's Email:** ____________________________
- **Player's Cell Phone:** ________________________
- **High School:** ______________________________
- **Expected Graduation (circle):** 2018 2019 2020 2021
- **Date of Birth:** _______ **Player's Age:** ______
- **AAU Team:** ________________________________
- **Position (circle all that apply):**  
  Point Guard  Wing  Post
- **Reversible jersey size (circle one):** S M L XL
- **COST:** $175  
  Please make NON-REFUNDABLE check payable to:  
  Carol Simon

Mail check, registration and signed parental/guardian waiver release form to:

Carol Simon - Women's Basketball  
Brandeis University - MS 007  
415 South Street  
Waltham, MA 02454

---

**2017 Girls' Basketball Elite Prospect Clinic Waiver Release**

All campers/players must have their own medical coverage. Campers/players will not be allowed to participate unless the following information is submitted and signed by parent/guardian. I certify that my child is in excellent health and may participate in all basketball and non-basketball activities. I certify that there are no physical limitations to my child's participation and permission is granted for my child to receive emergency medical treatment if necessary. I hereby release Brandeis University and all their agents, employees, and affiliates from any and all liability claims, demands, and causes of action for personal injury, property damage, and/or loss suffered by my connection with participation.

- **Participant's Name:** ____________________________
- **Name of Parents/Guardians:** ____________________________
- **Parent/Guardian Signature:** ____________________________

Date: ____________________________  
Email: ____________________________

- **Parent/Guardian Phone:** ____________________________  
  Emergency Contact: ____________________________

- **Cell Phone:** ____________________________  
  Insurance Carrier: ____________________________

- **Policy #:** ____________________________  
  Policy Holder Name: ____________________________

Allergies or Asthma (circle): YES  NO  
If YES please explain: ____________________________

If participant will be taking medication during clinic please indicate medicine and dosage: ____________________________

www.brandeisjudges.com