WESLEYAN WOMEN’S BASKETBALL
COLLEGIATE CAMP

Session I: Thursday, June 22, 2017
Session II: Saturday, August 26, 2017

The Camp:
➢ Wesleyan’s annual one-day intensive girls basketball camp
➢ Campers must be entering grades 10, 11 or 12 in the fall of 2017
➢ Training will include team drills, specific positional skill development, full court games and strength and conditioning.
➢ An off-the-court view at scouting reports, film breakdown, and collegiate game strategy

What you will gain:
➢ A unique experience of what it’s like as an athlete at the collegiate level in practice and game situations
➢ A developed understanding of the game: the “X’s and O’s” of college basketball
➢ A chance to play with the top high school athletes from around the country who plan to continue at the college level

The specifics:
➢ Camp cost: $90 (Registration and $25 deposit due by June 19th for Session I and Wednesday, August 23rd for Session II)
➢ Sign-in 9:00-10:00 am
➢ Camp activities will run from 10:00 am-4:00 pm
➢ Lunch and a reversible jersey will be provided
➢ Registration may be limited to ensure a quality experience

TRAIN, PRACTICE, PLAY…AS A COLLEGE ATHLETE

Contact: Kate Mullen Wesleyan University
Head Coach WBB
(860) 685-2888
kmullen@wesleyan.edu

161 Cross Street
Middletown, CT 06459

HTTP://ATHLETICS.WESLEYAN.EDU/SPORTS/WBKB
2017 Wesleyan Women’s Basketball Collegiate Camp

Session I: Thursday, June 22, 2017
Session II: Saturday, August 26, 2017

To register please complete this form and medical release below and mail with $25 deposit by:

Monday, June 19th for Session I
and
Wednesday, August 23rd for Session II to:

Wesleyan Women’s Basketball
c/o Kate Mullen – Head Coach
Freeman Athletic Center
161 Cross Street
Middletown, CT 06459

*Please make all checks payable to Wesleyan Women’s Basketball*

Name: _____________________________ Age: ___________
Address: _________________ City, State, Zip ___________________________
E-mail: ___________________________ Birth Date: ___________________
Home Phone: _________________ Cell Phone: _______________________
High School: ______________________ Graduation Date: ______________
School Address: ____________________________
City, State and Zip: ____________________________
Height: _________________ Position: ____________________________
Emergency Contact: ______________________ Relation to Camper: ___________
Emergency Contact #: ________________________
Reversible Jersey size (circle): Small Medium Large X-Large
Amount Enclosed: $ ___________________

Please check which session(s) you will be attending below:

_______ Session I (Thursday, June 22nd)  _______ Session II (Saturday, August 26th)
Wesleyan University

PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

In consideration of permitting ________________________ to enroll or participate in certain activities, conferences, trips, etc. described as:

__________________________________________________________

__________________________________________________________ (the “Activity”)

offered by Wesleyan University beginning on or about the _____ day of _____________, 20____, the undersigned, on behalf of his or herself and for his or her heirs, executors, administrators and all of the assigns of any of them, hereby knowingly and voluntarily RELEASES, WAIVES, FOREVER RELINQUISHES and DISCHARGES Wesleyan University, its trustees, officers, agents, servants and employees (the “Released Parties”) from any and all claims, causes of action, liability of any type whatsoever including but not limited to liability for personal injury, property damage or wrongful death occurring to him or her arising as a result of, incidental to or related to engaging in the Activity, whether the same shall arise by the negligence of any of the Released Parties or otherwise.

BY SIGNING THIS AGREEMENT, IT IS THE INTENTION OF THE UNDERSIGNED TO EXPRESSLY ASSUME ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO THE EXCLUSION OF WESLEYAN UNIVERSITY AND TO EXEMPT AND RELIEVE WESLEYAN UNIVERSITY FROM LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, INCLUDING WHERE CAUSED BY NEGLIGENCE.

The undersigned for him/herself, his/her heirs, executors, administrators and/or assigns of any of them agrees that, in the event any claim for property damage, personal injury or wrongful death shall be prosecuted against Wesleyan University arising out of, incidental to or related to him/her and the Activity, he/she shall indemnify and hold harmless Wesleyan University from any and all claims, causes of action, liability, damage, cost or expense by whomever or wherever made or presented arising as a result thereof.

The undersigned acknowledges that he/she has read this Agreement, has been fully and completely advised of the potential dangers incidental to engaging in the Activity and is fully aware of the legal consequences of signing this Agreement.

CIRCLE ONE: Student   Graduate   Faculty   Staff   Guest/Visitor
Other___________

_________  ___________  ___________  ___________
Printed Name   Signature   Date   Date of Birth

For Minors

_________  ___________  ___________
Parent/Guardian Printed Name   Parent/Guardian Signature   Date