

Lady Bison Basketball



YOUTH CAMP

Grades K-7

June 21-23, 2010

SCHEDULE: Camp sessions will be from 8:00-12:30 each day for girls entering grades K-7. Instruction will take place in Rhodes Field House and Ganus Athletic Center. Each camper will receive daily instruction in basketball fundamentals, participation in daily games, competition in daily contests, and daily character training. Basket heights will be modified for age groups.

REGISTRATION: Registration begins at 7:30 a.m. June 21 in the Ganus Athletic Center.

COST: The cost of \$70 includes camp t-shirt and a Lady Bison basketball. **A non-refundable deposit of \$25 should accompany the application to reserve your spot.** Applications will be accepted on a first-received basis.

ITEMS NEEDED: Appropriate workout clothing, appropriate shoes for basketball, any money you deem necessary for concessions.

STAFF: Camp will be directed by Head Coach Tim Kirby (501-279-4249 tkirby@harding.edu) and Assistant Coach Shane Fullerton (501-279-4762 sfullerton@harding.edu). Camp coaches will be former and current Lady Bison players, Bison players, and area coaches. The staff is committed to building self-esteem regardless of skill level and to be positive role models while leading campers through daily activities.

LADY BISON YOUTH CAMP (June 21-23, 2010) ENROLLMENT FORM

DETACH THIS SECTION AND SEND IN WITH NON-REFUNDABLE DEPOSIT (\$25) OR FULL PAYMENT (\$70) TO

Lady Bison Basketball Camp
HU Box 12281
Searcy AR 72149-2281

Make checks payable to Lady Bison Basketball Camp

FULL NAME _____ CIRCLE GRADE ENTERING: K 1 2 3 4 5 6 7

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ PARENT/GUARDIAN NAME _____

IN CASE OF EMERGENCY PHONE _____ E-MAIL ADDRESS _____

CIRCLE T-SHIRT SIZE (Youth Sizes) YS YM YL (Adult Sizes) S M L XL XXL

*****the following must be completed, signed and returned with registration*****

Camper Name _____

HEALTH INSURANCE INFORMATION

Primary Insured's Name _____

Insurance Company Name _____ Policy # _____ ID# _____

Parent/Guardian

I/we, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper, and hereby give permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention. In the event of an accident, injury, or illness, I will be responsible for any and all cost of medical attention and treatment, except for that covered by the camp's secondary medical coverage policy.

I/we, the undersigned, for ourselves, our heirs, executors and administration waive, release and forever discharge Harding University and the camp, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Campers will not be allowed to play unless the information is submitted and the form signed by the parent or guardian of the camper.

Signature _____ Date _____