

2019 TEAM CAMP REGISTRATION

Non-Profit
Organization
U.S. POSTAGE
PAID
Toledo, OH
Permit No. 161

School

City State Zip Code

School Phone (with area code)

Coach/Contact Name

Address

City State Zip Code

Cellphone (with area code)

Email

HIGH SCHOOL TEAM SHOOTOUTS

- Shootout 1 June 15
 - Shootout 2 June 21
 - Shootout 3 June 22
- \$275 per team

A non-refundable \$100 deposit is due Tuesday, May 21.

Make checks payable to:
The University of Toledo

Send payment to:
UToledo Women's Basketball, MS 302
2801 W. Bancroft St.
Toledo, OH 43606-3390

Please call the women's basketball office at 419.530.2363 with any questions.

Register online at
ToledoWBBcamps.com

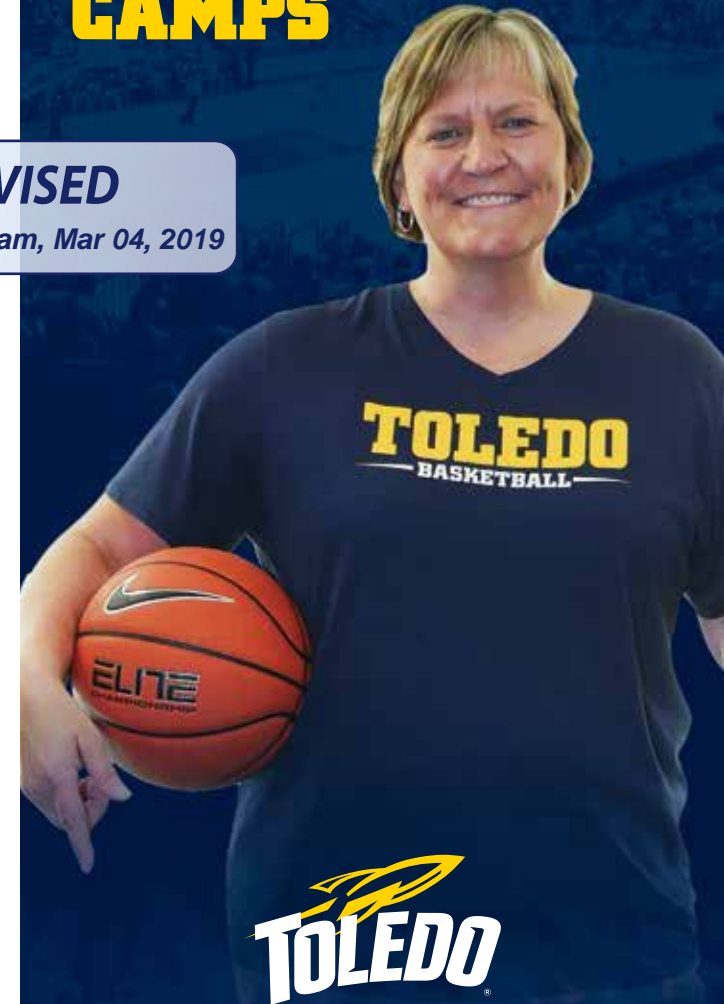


Women's Basketball
MS 302
The University of Toledo
2801 W. Bancroft St.
Toledo, OH 43606-3390

TOLEDO WOMEN'S BASKETBALL 2019 SUMMER CAMPS

REVISED

8:59 am, Mar 04, 2019



TOLEDO

CULLOP'S KIDS CAMP

June 17-20 / K-6th grades

ELITE SKILLS CAMP

June 17-20/ 6-12th grades

HIGH SCHOOL TEAM CAMP SHOOTOUTS

June 15, 21, 22

UTOLEDO WOMEN'S BASKETBALL 2019 SUMMER CAMPS



Cullop's Kids Camp (Boys & Girls)

- Learn fundamental skills
- Play games
- Compete in contests
- Have fun interacting with Rocket players and staff
- Receive a camp t-shirt and basketball

Elite Skills Camp

- Receive technical shooting tips
- Learn specific one-on-one moves
- Gain a better understanding of your position
- Work with UToledo all-conference perimeter/post players and coaches
- Receive a camp t-shirt

High School Team Shootouts

- Three games per day per team
- Competition tailored to your skill level
- Receive a camp t-shirt
- Affordable residence-hall rooms with air conditioning available

2019 INDIVIDUAL CAMP REGISTRATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (with area code) _____ T-shirt Size _____

School _____

Entering Grade in 2019-20 _____ Age _____ Graduation Year _____

Email _____

Make checks payable to :
The University of Toledo

Send payment to:
UToledo Women's Basketball, MS 302
2801 W. Bancroft St.
Toledo, OH 43606-3390

CULLOP'S KIDS CAMP (BOYS AND GIRLS) June 17-20

- Cost: \$100
9 a.m.-noon, K-6th grades

ELITE SKILLS CAMP June 17-20

- Cost: \$175
1-5 p.m., 6-12th grades

INDIVIDUAL CAMP DISCOUNTS*

- *One discount per camper
10% | Bring four teammates/friends
10% | Siblings
10% | UToledo faculty/staff

MEDICAL INFORMATION RELEASE AND WAIVER

This section must be completed in full.

The undersigned, in partial consideration for the participation if his/her child/children in Rocket Basketball Camps does hereby waive, release and forever discharge The University of Toledo, its agents and employees from any and all claims of injury or property damage sustained by the participant child/children arising from or out of said participation. In addition, the undersigned does hereby agree to indemnify and save harmless The University of Toledo, its agents and employees from all claims or demands whatsoever arising from injuries or property damage resulting from the participation of his/her children in the above-mentioned activity, including but not limited to negligence of said employees or agents.

Child's Name _____

Signature of Parent/Guardian _____ Date _____

HEALTH HISTORY

Please describe below or attach any other pertinent medical information you feel the camp medical staff may need in the event treatment or emergency care is needed (allergies, past emergencies, etc.). Does the child frequently have problems with any of the following:

	YES	NO		YES	NO
Nosebleeds	_____	_____	Allergies	_____	_____
Stomach Cramps	_____	_____	Muscles/Joints	_____	_____
Diabetes	_____	_____	Vision	_____	_____
Sore Throats	_____	_____	Orthopedic Braces	_____	_____
Infections	_____	_____	Hearing	_____	_____
Epilepsy	_____	_____	Other	_____	_____
Heart Conditions	_____	_____	Explain: _____		
Fainting	_____	_____	If yes to any of the above, please explain:		
Breathing	_____	_____			
High/Low Blood Pressure	_____	_____			

INSURANCE INFORMATION

It is important for your child to have health insurance information with them at camp. This is very helpful should the need arise for medical attention during camp. Please help us by providing the following information:

Insurance Company _____

Address _____

City/State/Zip _____

Subscriber's Name _____

Subscriber's Policy Number(s) _____

Does the insurance company require a claim form? Yes ___ No ___
(If yes, please attach a copy.)

Your signature as a parent or guardian below grants your permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary health care to your child in the case of an accident or emergency. This permission includes admission to area hospitals if necessary.

Signature of Parent/Guardian _____

Please Print Name Here _____

Register online at
ToledoWBBcamps.com.