

2018 CREIGHTON WOMEN'S BASKETBALL CAMPS | APPLICATION AND CONSENT FORM

Camp Selection (Please Check Lines Below for Desired Camps):

<u>Skill Builder</u>	<u>Middle School Camp</u>	<u>Elite Camp</u>	<u>Team Camp</u>
June 4-5	June 14-15	June 21-22	June 23-24
Grades 1-8	Grades 5-8	Grades 8-12	High School Teams
___ \$110	___ \$195 Overnight	___ \$180 Overnight	___ \$140 per Player Overnight
	___ \$165 Commuter	___ \$150 Commuter	___ \$650 per Team Commuter

Please make checks and money orders payable to: Creighton Women's Basketball Camps
\$_____ Enclosed | A minimum of \$50 is required as a deposit for each camp
| To pay with a credit card, please register online at creightonwomensbasketballcamps.com |

Contact Information:

Camper Name _____ Age _____ Date of Birth _____
School _____ Grade (Fall 2018) _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ **Email (required for confirmation)** _____
Parent or Guardian Name and Cell Phone _____
Parent or Guardian Name and Cell Phone _____
Roommate Preference, Two Campers Per Room (overnight camps only) _____
Medical Information: Medications, Allergies, Past Injuries _____

Emergency Contact Information:

Emergency Contact Name _____ **Relationship to Camper** _____
Home Phone _____ Cell Phone _____ Work Phone _____

Insurance Information:

Insurance Company _____ Policy # _____ Group # _____
Policy Holder Name _____ **Relationship to Camper** _____

Waiver and Parental Consent:

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper applicant. I hereby give permission for the **Camp staff** to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to **my child, and for** my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all **costs of medical** attention and treatment.

I, the undersigned, understand that women's basketball is an active, physical sport and that injuries can often occur during **participation at Camp**. I also understand that **there will be more campers than staff at the Camp, and that my child cannot receive individualized** attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities.

I, the undersigned, hereby acknowledge and understand that the **CU Women's BB Camp is a privately run sports camp and is not operated by or through Creighton University. The Camp is neither sponsored, controlled, nor supervised by Creighton University, but rather is under the sole sponsorship, control and supervision of the Camp Director, Jim Flanery. I waive, release, and forever discharge Jim Flanery (Camp Director), CU Women's BB Camp, and Creighton University and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at Camp.**

I, the undersigned, acknowledge that during my child's participation in Creighton Women's Basketball camps that s/he may be photographed or video recorded and give permission for these images to be used in promotional materials for the camp, including **but not** limited to printed and electronic publications, website, and official camp or Creighton University Athletic Department social **media**.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on **this entire form and on any other form required by the Camp.**

Parent Signature _____ Date _____

PLEASE MAIL THE COMPLETED APPLICATION AND PAYMENT TO:
CREIGHTON WOMEN'S BASKETBALL CAMPS, 2500 CALIFORNIA PLAZA, OMAHA, NE 68178
OR REGISTER ONLINE AT: www.creightonwomensbasketballcamps.com