

2019 CREIGHTON WOMEN'S BASKETBALL CAMPS | APPLICATION AND CONSENT FORM

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

<b>Shooting Camp I</b> June 4th Grades 1-8 _____ \$85	<b>Shooting Camp II</b> June 25 Grades 1-8 _____ \$85	<b>Individual Camp</b> June 13-14 Grades 5-8 _____ \$205 Overnight _____ \$165 Commuter	<b>Elite Camp</b> June 20-21 Grades 8-12 _____ \$190 Overnight _____ \$150 Commuter	<b>Team Camp</b> June 22-23 High School Teams _____ \$140 per Player Overnight _____ \$650 per Team Commuter
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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 2019) \_\_\_\_\_  
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](http://www.creightonwomensbasketballcamps.com)