

2017 WYOMING COWGIRL INDIVIDUAL DAY CAMP

June 23rd & 24th

(All girls must be entering at least the 4th grade in the fall of 2017)

Send checks payable to: Cowgirl Basketball Camp
Dept. 3414 1000 E. University Avenue
Laramie, WY 82071

Day Camp Fee: \$110.00
(No Room or Board)

Full payment is required with your registration form. When you have been accepted to the Cowgirl Basketball Camp, you will receive a confirmation letter and further information.

Description:

The Cowgirl Basketball Summer Camp is a great opportunity for youth basketball players (Grades 4 - 12) to learn first-hand from The University of Wyoming Division I coaching staff and players. Cowgirl Basketball Camp offers the fundamentals in passing, shooting, ball handling, defense and team play. Campers are divided by age and ability. Camp space is limited to help the coach to camper ratio. Our staff prides itself in hands on coaching instruction and making each camper enjoy being a part of the Camp!

What to Bring:

Each Camper must bring their own basketball shoes & clothing. Players should not bring a basketball. Water breaks and restroom breaks will be provided, but are available at any time needed.

Camp Check In:

Check in for camp will begin at 1:00 pm on the first day of camp. A check in table will be placed at South entrance of the Field House. We will verify camper registration and waiver information. *Walk-up Registration is permitted.

Meals:

Meals will not be provided. Your child must be checked out at meal time. *Water will always be available on site for your child.

Camp Registration Information:

Please print and read the registration form, next - fill out, last - send the registration form and payment to reserve your spot. A confirmation and other information will be sent at later time.

Contact Information:

Questions regarding Cowgirl Basketball Camp, contact Gerald Mattinson at geraldam@uwyo.edu or by phone (307) 766-3715

Please check your email regularly as this is our primary way we communicate. Any additional information that we need to convey as the camp draws closer will be passed on to you via the e-mail address that you have provided when you signed up for camp. Please make it a habit to check your e-mail daily, this will eliminate any confusion or miscommunication.

General Camp Schedule: Registration for the Cowgirl Day Camp will begin at 1:00 pm in War Memorial Fieldhouse. The general itinerary for the camp is as follows:

Friday – June 23

1:00	Registration
1:30 – 4:30	First Session
4:30 – 6:00	Dinner Break (Parent's / Guardian must enter FH for camper pickup!)
6:00 – 8:30	Second Session
8:30 - 8:45	Final Dismissal (Parent's / Guardian must enter FH for camper pickup!)

Saturday – June 24

9:00 – 11:30	Third Session
11:30 – 1:00	Lunch Break (Parent's / Guardian must enter FH for camper pickup!)
1:00 – 3:30	Fourth Session

3:30 - 4:00 Relays/Camp Dismissed (Parent's / Guardian must enter FH for camper pickup!)

NCAA Bylaw 13.12.1.3 – Attendance Restriction

A member institution's sports camp or clinic shall be open to any and all entrants (limited only by number, age, grade level and/or gender).

“The University of Wyoming has no control or responsibility for this camp and the use of the University's name, copyrights, and/or trademarks does not constitute or imply an endorsement by the University.”

To Register:

1. Open and print out a copy of the registration form.
2. Complete the form.
3. Mail form and payment- \$110.00 to address listed.
4. Check your email often for confirmation and other information!

**REGISTRATION FORM:
COWGIRL BASKETBALL CAMP
June 23rd - 24th (Price \$110.00)**

Mailing Address:

COWGIRL BASKETBALL CAMP
Dept of Intercollegiate Athletics
Dept. 3414, 1000 E. University Ave
Laramie, WY 82071-2000

Fax: (307) 766-5708

Identification and Emergency Information

(To be completed by parent or guardian and returned by E- mail or in person.)

Please check the appropriate Tshirt Size:

YMed YLarge Adult Small Adult Med Adult Large Adult XL

PLEASE PRINT

Camper's Last Name _____ First _____ Birthday ____/____/____ Age ____ Sex ____

School attending in the fall _____ Grade _____ Contact Email _____

Camper's Address _____ City _____ State _____ Zip _____

Parent 1 Name _____ Day Phone _____ Night Phone _____

Home Address _____ City _____ State _____ Zip _____

Parent 2 Name _____ Day Phone _____ Night Phone _____

Home Address _____ City _____ State _____ Zip _____

Additional people who may be called in an emergency:

Name	Day Phone	Night Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

People authorized to take your child from facility:

1. _____ 3. _____
2. _____ 4. _____

MEDICAL INFORMATION:

LIST KNOWN ALLERGIES: _____

LIST MEDICATIONS: _____

LIST ANY MEDICAL CONCERNS: _____

MEDICAL INSURANCE INFORMATION:

INSURANCE COMPANY: _____ POLICY NUMBER: _____

POLICY HOLDER: _____

PARENT RELEASE & INDEMNITY AGREEMENT

I, as parent/guardian of the below named child, do hereby give my approval to my child's participation in the basketball camp. I assume all risks and hazards incidental to such participation including transportation to and from the camp, and do hereby hold harmless the University of Wyoming, Highplains Hoops, LLC, its members agents, and employees from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with your child's participation in the program including acts of third parties. I understand that participation in the sport of basketball can be dangerous and result in serious injury and that if any emergency should arise, I give you full permission and authority to take steps that are reasonably necessary in your judgment to protect and assist my child, including medical care. I agree to be responsible for hospital expenses, doctor bills and any other expenses that may be incurred to assist and protect my child. I also understand the camp; Highplains Hoops LLC retains the right to use photographs of campers taken at the camp for publicity and advertising purposes.

PARENT'S NAME _____ PARTICIPANTS NAME: _____

SIGNED (PARENT) _____ DATE _____