



# ELITE GIRLS BASKETBALL CAMP

<b>Who:</b>	Girls	Ages 14-18
<b>Where:</b>	West Field House	UCSC Campus
<b>When:</b>	Saturday May 28 <sup>th</sup> , 2011	9:00 am – 5 pm
	Check In	8:00 am - 8:45 am
<b>Cost:</b>	\$75	(Please bring your own lunch.)

Our Elite Basketball Camp is a one-day intensive camp designed for the player who is motivated to play at the Varsity level and beyond. Not only will this camp allow players to develop their individual basketball fundamentals it will also give athletes an opportunity to gain an edge on their competition with a strength and conditioning component. Athletes will be trained using advanced methods and curriculum to develop their skill set in the post, on the wing, or at the guard position.

**Emphasis will be placed on developing the following areas:**

- Advanced ball handling and full court moves
- Techniques to get open and create space (moving without the ball)
- Setting and using screens (reading your defender)
- Team and individual transition concepts (each position will be covered)
- Specific fundamental development in the post, on the wing, and at the point
- Shooting and finishing inside and out
- Offensive rebounding and positioning
- Developing your strength, conditioning, balance, and athleticism

**Each camper will receive a journal that will include the following:**

- Outline of the camp including a list of each skill covered and developed
- Descriptions of every drill that will be executed and recommended for player development
- Suggested workout samples for fundamentals as well as strength and conditioning
- Workout templates to record and track individual progress
- Nutrition information and resources

Space in this highly specialized camp will be limited and will be given on a first come first serve basis. **Registration, payment and the Liability Release Form must be received no later than Monday May 23<sup>rd</sup>, 2011.** Cancellation requests must be received *in writing* no later than May 23<sup>rd</sup>, 2011 and will be subject to a \$25 administration fee. Contact the UC Santa Cruz Women's Basketball Office with all camp related questions.

**Phone:** (831) 459-1355 **Email:** [tlkent@ucsc.edu](mailto:tlkent@ucsc.edu)

**Mail all registrations to:**

Women's Basketball

Intercollegiate Athletics – East Field House

UC Santa Cruz

1156 High St

Santa Cruz, CA 95064

**Make All Checks Payable To:** UC Regents



# Elite Camp Registration

Please Print Clearly

Name \_\_\_\_\_ Grad Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

High School/Club Team \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Parent/ Guardian Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/ Guardian Email \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ SS # (Last 4 Digits) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies/ Medical Conditions \_\_\_\_\_

Emergency Contact (other than parent/ guardian) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Mail Registration to:**

**UC Santa Cruz Women's Basketball  
Intercollegiate Athletics – East Field House  
UC Santa Cruz  
1156 High St  
Santa Cruz, CA 95064**

**Make Checks Payable to: UC Regents**

**Office Use Only**

Date Received: \_\_\_\_\_

Payment: \_\_\_\_\_

Liability Waiver: \_\_\_\_\_

Confirmation: \_\_\_\_\_



Participant's Name \_\_\_\_\_

UNIVERSITY OF CALIFORNIA AT SANTA CRUZ  
ELITE BASKETBALL CAMP

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of permission to use, today and on all further dates, the property, facilities, staff, equipment and services of the *Elite Basketball Camp*, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of User

\_\_\_\_\_  
Date

**Assumption of Risk:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The *Elite Basketball Camp* has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in the activities make possible by the *Elite Basketball Camp*. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, action, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at the *Elite Basketball Camp* and to reimburse them for any such expenses incurred.

**Authorization for Consent to Medical Treatment:** The undersigned (Parent/Guardian) of (Athlete's Full Name) \_\_\_\_\_, who is \_\_\_\_\_ years old,



hereby authorize the *Elite Basketball Camp* staff to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. My child is in good health and I know of no medical reason why he/she cannot participate in any camp activities.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read the waiver of liability, assumption of risk, and indemnity agreement, fully understanding its terms, and **understand that I have giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

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Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Age (if minor)\_\_\_\_\_

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Signature of User \_\_\_\_\_ Date \_\_\_\_\_