



WOMEN'S BASKETBALL SHOOTING CAMP

JUNE 11-14, 2018 • 9 AM - 4 PM • UTRGV FIELDHOUSE

OPEN TO GIRLS GRADES 3rd-12th

COST: \$100 PER PLAYER

**ALL CAMPERS WILL RECEIVE A CAMP T-SHIRT, BASKETBALL,
EVALUATION AND CERTIFICATE LUNCH WILL BE PROVIDED**

For more information contact Coach Yannick Denson at (956) 665-8763 or yannick.denson@utrgv.edu.

Please mail this completed application including a non-refundable deposit of \$50 by check or money order to the address below by June 8:

**UTRGV WOMEN'S BASKETBALL
1201 W. UNIVERSITY DRIVE
EDINBURG, TX 78539
FAX: (956) 665-3294**

Camper Name: _____ Age: _____ Grade Fall '18: _____
School Attending: _____ Height: _____ T-Shirt Size: _____
Address: _____ City: _____ Phone: _____
Emergency Contact: _____ Emergency Number: _____
Parent Email: _____

All camps are open to any and all entrants (limited only by number, age, grade level and/or gender). NCAA rules prohibits payment of camp expenses (transportation, camp tuition, spending money, etc.) by representatives of UTRGV's athletic interests. Furthermore, NCAA rules prohibit free or reduced camp admission privileges for prospective student-athletes in the ninth (9th) grade or above.

The undersigned parent/guardian of _____, the applicant, for and in further consideration of UTRGV WBB Summer Camp accepts the applicant and releases and discharge the curators of the University of Texas Rio Grande Valley and its representatives, employees from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind which may arise or be occasioned because of the applicants participation in the summer camp and hereby agree to have and indemnify and keep harmless the curators of the University of Texas Rio Grande Valley, its representatives, employees, and agents against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given to the applicant during the camp.

Medical Treatment Authorization

I/we being the parents and or legal guardians of the applicant, authorize the university of Texas Rio Grande Valley and its agents permission to request emergency treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of parent/guardian

Date _____

Please list any preexisting medical conditions: _____

Person carrying insurance coverage and relationship to applicant: _____

Employer of sponsoring organization: _____

Insurance company: _____

Policy #: _____ Group #: _____

Additional insurance: