



# BELMONT

## GIRLS BASKETBALL CAMP

**JUNE 24<sup>th</sup>-28<sup>th</sup>, 2013**

**Monday-Thursday, 9:00 a.m. – 3:00 p.m., Friday 9:00 a.m.-12:00 p.m.**

Belmont University's 2013 girls basketball camp (also known as Bruin Cub Camp) is a five-day, day camp that puts the "fun" in learning basketball fundamentals. This week is designed for girls ages seven to middle school to learn and improve their ball handling, shooting, passing, rebounding, and defense.

Belmont's coaches and players will be on-hand to teach and create a fun atmosphere for your daughter to work on her basketball skills. Campers will be grouped with girls of similar age, size, and ability.

\$230 covers the cost of instruction, insurance, daily snacks, and lunch on Monday-Thursday. Each camper will also receive a camp t-shirt, a photo certificate, and a 2013-2014 season pass to all Belmont women's basketball home games.

The application below with a non-refundable deposit of \$50 reserves your daughter a place in this camp. Please also submit a signed copy of the attached Permission and Release Agreement prior to the start of camp activities on Monday, June 24<sup>th</sup>. Contact Jonathan Davis with any questions at 615.739.2726 or [jonathan.davis@belmont.edu](mailto:jonathan.davis@belmont.edu). We're looking forward to a great camp!

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### BELMONT UNIVERSITY GIRLS BASKETBALL CAMP APPLICATION

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Camper contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

T-Shirt size (circle one): YS YM YL AS AM AL AXL

**Make checks payable to "Belmont University" -- Mail to Belmont Women's Basketball, 1900 Belmont Blvd., Nashville, TN 37212**

Belmont University Women's Basketball Camps are open to any and all entrants until all spaces are filled.

# 2013 Belmont Women's Basketball Camp

## Permission and Release Agreement

1. I execute this Agreement in consideration of my child being permitted by Belmont University to participate in the Belmont Basketball Camps, June 2013. I understand that the camp will include but not be limited to the following activities; a. Vigorous physical exercise including running and jumping; b. Instruction and participation in basketball games and drills. 2. I represent and warrant that my child is in good physical condition and is able to safely participate in the basketball camp. 3. I recognize that there are risks and hazards directly or inherently involved, making these and related activities potentially dangerous. With full knowledge and appreciation of these potential risks and hazards, I voluntarily grant permission for my child to participate in these activities and assume all responsibility and risk from his/her participation in these activities, including all risk of loss of limb or life, property damage, or injury to others. 4. I, on behalf of myself, my child, our family, heirs and legal representatives release Belmont University, its students, agents, employees, officers, and trustees, from any liability for damage or loss to my child's person or property which may arise out of his/her participation in basketball camp. 5. I grant permission for Belmont University, its students, agents or employees to obtain necessary medical attention in case of sickness or injury to my child. I consent to any necessary medical examination, diagnosis, or treatment and agree to be responsible for costs of such medical services. 6. I have fully informed myself of the contents of this Agreement by reading it before I signed it. From time to time, university personnel will photograph or videotape campus events for instructional, documentary, promotional, public relations, and/or advertising purposes of Belmont University. As a participant, you agree that such photographs which may include you may be used for these purposes by Belmont University. If you object to this provision of your attendance, please provide written notice of this objection to the Office of Marketing and Communications.

Name of Camp Participant \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Phone Number of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Personal Physician and phone number \_\_\_\_\_

Health Insurance Company and Policy Number \_\_\_\_\_

Medications \_\_\_\_\_

Identify any past or current medical conditions \_\_\_\_\_

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