

Player Information

Please Print

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers:

Daytime: _____

Evening: _____

Email Address: _____

Parents Name: _____

Shirt Size

____ S ____ M ____ L

____ XL ____ XXL

Please return this portion along with payment to:

Cleveland State Women's Basketball
2000 Prospect Ave.
Cleveland, OH 44115

*Please make checks payable to
Kate Peterson Camps*

Waiver and release: In consideration of my application being accepted, I, intending to be legally bound, do hereby, my heirs, and administrators, waive release, and forever discharge and all rights and claims for damages which I may have or which may hereafter accrue to me against Cleveland State University, Basketball Day Camp, or Kate Peterson Abiad, her prospective employees, officers, agents, representatives, successors and/or assigns, for any damages which may be sustained or suffered by me in connections with my association with or participations in, or rising out of my traveling to and returning from said school to be participating in on the campus of Cleveland State University.

Applicant's Signature: _____

Parent or Guardian Signature: _____

Cleveland State University

2008 Individual Camps



Post Camp
Monday, June 30, 2008

Shooting Camp
Tuesday, July 1, 2008

Drill 4 Skill Camp
Wednesday, July 2, 2008

Wolstein Center
2000 Prospect Avenue
Cleveland, OH 44115

For further information visit
www.csuvikings.com
Or call *Liberty Del Rosario* at (216)687-5483