

# 2008 Duquesne University Team Camp

## FEATURING...

Suzie McConnell-Serio – Head Coach  
Duquesne University Coaching Staff

## TEAM CAMP...

All Varsity Teams  
June 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> of 2008  
Duquesne University Campus, A.J. Palumbo Center

## CAMP FEATURES...

- GUARANTEE OF 7 GAMES IN 3 DAYS
- SUDDEN DEATH TOURNAMENT ON SATURDAY
- TEAM PRACTICE SESSIONS
- DUQUESNE COACHES WILL BE AVAILABLE TO WORK WITH YOUR PLAYERS
- EVERY GAME IS OFFICIATED BY CERTIFIED OFFICIALS
- ACADEMIC/NCAA RULES SESSIONS
- DUQUESNE UNIVERSITY TRAINING STAFF ON DUTY AT ALL SESSIONS

## REGISTRATION...

Friday, June 20<sup>th</sup> at 10:30 AM-12 Noon  
Mandatory NCAA Meeting at 12 Noon  
First Session begins at 1 PM – 4 PM (6/20/08)  
Last Session begins at 1:00 PM – 4 PM (6/22/08)

## FEES...

Commuter- \$100 (includes Camp T-Shirt)  
Overnight Camper- \$220 (Includes room, meals and Camp T-Shirt)

## HEALTH INSURANCE...

All participants must have their own medical insurance through their family policy or some other source which will serve as the primary coverage.

## 2008 TEAM CAMP APPLICATION

Name \_\_\_\_\_ Grade, Fall of 2008 \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Name \_\_\_\_\_ HS Letter winner: Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School Attending in Fall of 2008 \_\_\_\_\_ T-shirt Size (adult) \_\_\_\_\_

### PLEASE CHECK ONE

\_\_\_\_\_ I will be attending as a COMMUTER and have enclosed a check for the full amount of \$100

\_\_\_\_\_ I will be attending as an OVERNIGHT CAMPER and have enclosed a check for the full amount of \$220

*Make checks payable to Suzie McConnell-Serio Basketball Camps*

**Please give this form to your coach to send in together as a team. If you plan on attending as an overnight camper, your entire team must be staying overnight as well and your coach must act as a supervisor. Any forms sent in individually will be returned to you.**

### PARENT RELEASE

I, \_\_\_\_\_ (please print name) parent/guardian of the below named, hereby authorize the staff of Duquesne University to act for me according to their best judgment in any emergency requiring medical attention for the said camper. I hereby waive and release Duquesne University, its corporations, trustees, employees, students, and agents from any and all costs, liability, and expense for any personal injuries or illness in any way related to participation in the camp program.

I have no knowledge of any physical impairment that would be affected by the said camper's participation in the camp program. I also understand Duquesne University retains the right to use, for publicity and advertising purposes, photographs of campers participating in the camp program.

Signature \_\_\_\_\_ Date \_\_\_\_\_