



# 2007 FRESNO STATE WOMEN'S BASKETBALL CAMPS



## SESSION I

**Dates & Time:** June 18 - 22, 9:00 am - noon

**Ages:** 1st through 6th grades (grade just completed)

**Site:** Fresno State North Gymnasium

**Cost:** \$100.00/camper (\$5.00 sibling discount)

## SESSION II

**Dates & Time:** June 18 - 22, 1:00 pm - 4:00 pm

**Ages:** 7th through 12th grades (grade just completed)

**Site:** Fresno State North Gymnasium

**Cost:** \$100.00/camper(\$5.00 sibling discount)

For more information, contact Kelsi Bond

kbond@csufresno.edu

559/278-6061

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

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

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

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_ Grade [just completed]: \_\_\_\_\_ School: \_\_\_\_\_

CAMP SESSION [check one] :     SESSION I (June 18-22)     SESSION 2 (June 18-22)

T-SHIRT SIZE [circle one] :    Youth:        S        M        L  
    Adult:        S        M        L        XL

**Liability/Insurance Statement**

I hereby authorize the staff of Fresno State Women's Basketball Camp to act for me according to their best judgement in any emergency requiring medical attention and I waive and release the camp from any/all liability for injuries incurred while at camp.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list all previous health conditions the Camp staff needs to be aware of (i.e. asthma, concussions, allergies, injuries, etc.) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please return this portion along with payment to:  
**Fresno State Women's Basketball Camp**  
**5305 N. Campus Drive NG 27**  
**Fresno, CA 93740**