



2012 HIGH SCHOOL TEAM CAMP

- WHO:** Varsity and High School Level Club Teams
- WHAT:** 5 Pool Play Games Guaranteed, with Flexible Scheduling
Double Elimination Tournament.
- WHEN:** Fri, June 1, 4-10p/Sat., June 4, 9a-9p/Sun, June 5, 9a-6p
- WHERE:** Tudor Fieldhouse, Home of the Rice University Owls
- COST:** \$600 cost per team! \$100 Deposit Required. (add \$100 if you need a coach)

ADDITIONAL FEATURES:

- Clinics and Instruction with Rice Coaches
- Reversible Jerseys and Special Gift for Coach
- State of the Art Training Room Facilities
- Certified Officials
- Hotel Discounts Available

To reserve a spot contact Mark Vick at:

basketball@rice.edu or 713-348-5637

The BEST team camp in Texas!

For more information on all our camps go to:

www.CoachBraun.com

CAMP IS OPEN TO ANY AND ALL PARTICIPANTS, LIMITED ONLY BY AGE AND GENDER



2012 TEAM CAMP REGISTRATION

TEAM NAME: _____

AFFILIATED HIGH SCHOOL: _____

HIGH SCHOOL ADDRESS: _____

SUMMER COACH NAME: _____

SHIRT SIZE: _____

SUMMER PHONE: _____

SUMMER COACH EMAIL: _____

HS COACH: _____

SHIRT SIZE: _____

HS PHONE: _____

HS COACH EMAIL: _____

ADDITIONAL REQUIRED INFO:

- | | | |
|---------------------------------|----------------|-------------------|
| 1. COMPETITION LEVEL REQUESTED: | Varsity | SM Varsity |
| 2. WILL YOU BE NEEDING A HOTEL: | YES | NO |
| 3. WILL YOU BE NEEDING A COACH: | YES | NO |

IF **YES:** INCLUDE \$100 ADDITIONAL PAYMENT

- ATTACHED ROSTER MUST BE COMPLETED.
- INDIVIDUAL WAIVER FORMS MUST BE SIGNED FOR EACH PLAYER.

TEAM CAMP CHECKLIST:

DEADLINE:

- | | | |
|--|----------------|----------|
| 1. TEAM PLACE RESERVED (W/ \$100 DEPOSIT): | YES / NO / N-A | MAY 15TH |
| 2. REGISTRATION FORM COMPLETED: | YES / NO / N-A | MAY 15TH |
| 3. HOTEL ROOMS RESERVED (IF NEEDED): | YES / NO / N-A | MAY 15TH |
| 4. COMPLETED ROSTER SUBMITTED: | YES / NO / N-A | MAY 31ST |
| 5. PARENT/GUARDIAN WAIVER SIGNED: | YES / NO / N-A | MAY 31ST |
| 6. BALANCE PAID IN FULL: | YES/ NO / N-A | MAY 31ST |
| 7. COACH REQEUST PAID (\$100, IF NEEDED): | YES / NO / N-A | MAY 31ST |



2012 TEAM CAMP ROSTER

TEAM NAME: _____

HIGH SCHOOL NAME: _____

<u>Name:</u>	<u>Shirt Size / Grad Year</u>	<u>Waiver Signed:</u>
1. _____	_____ / _____	<u>YES / NO</u>
2. _____	_____ / _____	<u>YES / NO</u>
3. _____	_____ / _____	<u>YES / NO</u>
4. _____	_____ / _____	<u>YES / NO</u>
5. _____	_____ / _____	<u>YES / NO</u>
6. _____	_____ / _____	<u>YES / NO</u>
7. _____	_____ / _____	<u>YES / NO</u>
8. _____	_____ / _____	<u>YES / NO</u>
9. _____	_____ / _____	<u>YES / NO</u>
10. _____	_____ / _____	<u>YES / NO</u>
11. _____	_____ / _____	<u>YES / NO</u>
12. _____	_____ / _____	<u>YES / NO</u>
13. _____	_____ / _____	<u>YES / NO</u>
14. _____	_____ / _____	<u>YES / NO</u>
15. _____	_____ / _____	<u>YES / NO</u>

- *ADDITIONAL PLAYERS MAY PARTICIPATE, NOTE ONLY 15 JERSEYS PROVIDED. (MAKE ANOTHER COPY)*
- *WAIVER FORM MUST BE SIGNED BY PARENT FOR EACH PLAYER.*
- *STRICT ROSTER MONITORING WILL BE ENFORCED.*
- *PLAYERS MAY ONLY PLAY ON TEAM REGISTERED FOR.*
- *EXCEPTIONS MUST BE APPROVED IN ADVANCE BY CAMP DIRECTOR AND OPPOSING COACH!*



2012 TEAM CAMP WAIVER

CAMPER NAME: _____

EMAIL ADDRESS: _____

TEAM ATTENDING WITH: _____

AFFILIATED HIGH SCHOOL: _____

WAIVER, LIABILITY AND RELEASE STATEMENT:

BY SIGNING THIS WAIVER STATEMENT FOR THE BEN BRAUN BASKETBALL CAMPS, I HEREBY RELIEVE, RELEASE, WAIVE, AND HOLD UN-LIABLE, BEN BRAUN BASKETBALL CAMPS LLC, RICE UNIVERSITY, IT'S ATHLETIC DEPARTMENT, THEIR OFFICERS, OWNERS, SERVANTS, AGENTS, OR EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND RESPONSIBILITY ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY MY CHILD, WHETHER CAUSED AS THE DIRECT OR INDIRECT RESULT FROM PARTICIPATION IN THIS CAMP, OR OTHERWISE WHILE PARTICIPATING IN SUCH ACTIVITY, OR IN, ON, NEAR OR UPON THE PREMISES WHERE THE ACTIVITY IS TAKING PLACE.

AS WITH ANY PHYSICAL ACTIVITY, INJURIES ARE POSSIBLE AND SHOULD BE CONSIDERED A RISK OF PARTICIPATION. SUCH RESPONSIBILITY FOR ANY MEDICAL COSTS ASSOCIATED WITH PARTICIPATION IS 100% THE RESPONSIBILITY OF THE PARENT OR GUARDIAN. IT IS UNDERSTOOD THAT MEDICAL INSURANCE COVERAGE AND ASSOCIATED MEDICAL COSTS FOR ANY AND ALL INJURIES, INCURRED WHILE PARTICIPATING, IS NOT AND WILL NOT BE COVERED BY THE BEN BRAUN BASKETBALL CAMPS LLC, OR BY ANY AGENT MENTIONED ABOVE.

PROOF OF MEDICAL INSURANCE COVERAGE IS REQUIRED. SHOULD YOU CHOOSE, SHORT TERM COVERAGE WILL BE AVAILABLE FOR PURCHASE THROUGH RICE UNIVERSITY'S SELECTED VENDOR.

FURTHERMORE, BY SIGNING THIS FORM, I ALSO AUTHORIZE ANY PRUDENT AND IMMEDIATE EMERGENCY MEDICAL CARE, INCLUDING TRANSPORTATION, TO BE PROVIDED TO THIS CHILD IN MY ABSENCE. THE RICE HEALTH CENTER AND/OR THE NEAREST MEDICAL FACILITY IS/ARE HEREBY AUTHORIZED TO RENDER PRIMARY MEDICAL CARE TO MY CHILD.

ADDITIONALLY I GRANT CERTIFIED MEDICAL STAFF MEMBERS THE ABILITY TO DISTRIBUTE ANY "OVER THE COUNTER MEDICATIONS" AS NECESSARY.

I HAVE READ AND AGREE TO THIS WAIVER, LIABILITY, AND MEDICAL RELEASE STATEMENT.

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** / /

SECOND CONTACT: _____ **PHONE:** _____

SECOND CONTACT RELATIONSHIP: _____

HEALTH INSURANCE COMPANY: _____ **POLICY NUMBER:** _____

MEDICAL CONDITIONS: _____