

# 2017 DOC SADLER BASKETBALL CAMPS

## INDIVIDUAL SKILLS CAMP

MON, JUNE 19 – THUR JUNE 22  
9:00AM – 4:30 PM

Ages 9 – Rising Seniors  
**\$175**

Our individual Skills Camp features fundamentals along with daily competition and games. All skill levels accepted. Lunch will be provided.

## BALLHANDLING & SHOOTING CAMP

FRIDAY, JUNE 23  
9:00AM – 12:00PM

Ages 9 – Rising Seniors  
**\$50**

Our ballhandling and shooting camp focuses on the offensive fundamentals of the game. Shooting, dribbling, and passing techniques will be taught to each camper.

## LITTLE DRIBBLERS CAMP

MON, JUNE 26 – WED, JUNE 28  
9:00AM – 12:00PM

Ages 6-9  
**\$75**

Our Little Dribblers Camp focuses on beginning basketball campers including both fundamentals and competition, and includes lower baskets.

Check in will be 30 minutes prior to the start of camp.  
All USM faculty & staff can receive 50% of basketball camp rates for immediate children.

## REGISTER TODAY!

You can register several ways:

- Fill out the registration form and mail with payment to:  
Doc Sadler Basketball Camps  
118 College Drive #5044  
Hattiesburg, MS 39406-0001
- In Person at our basketball offices at Reed Green Coliseum Monday-Friday 9AM – 4PM
- Or Fax to **601-266-6690**

*Participants are encouraged to come dressed in t-shirts, shorts, and basketball shoes.*

**Questions? CALL US AT 601-266-5044 or EMAIL NORMA.BURKE@USM.EDU**

\*\*\*Doc Sadler Camps are open to any and all entrants, limited only by number, age, grade level and/or gender.\*\*\*

# 2017 Doc Sadler Basketball Camps



## Registration Form



Please return this application along with payment & medical form to [norma.burke@usm.edu](mailto:norma.burke@usm.edu)

OR by mail: Doc Sadler Basketball Camps      OR Fax to 601-266-6690  
 118 College Drive #5044  
 Hattiesburg, MS 39406-0001

CAMPERS NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ HEIGHT \_\_\_\_\_ POSITION \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ COACH \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR CAMPS: \_\_\_\_\_

NEW CAMPER       RETURNING CAMPER

CHECK CAMP SESSION(S) ATTENDING

- INDIVIDUAL SKILLS CAMP (June 19-June 22)
- BALLHANDLING & SHOOTING CAMP (June 23)
- LITTLE DRIBBLERS CAMP (June 26-June 28)

**\*Copy of recent (after July 1, 2016) school physical is acceptable in lieu of physician signature.**

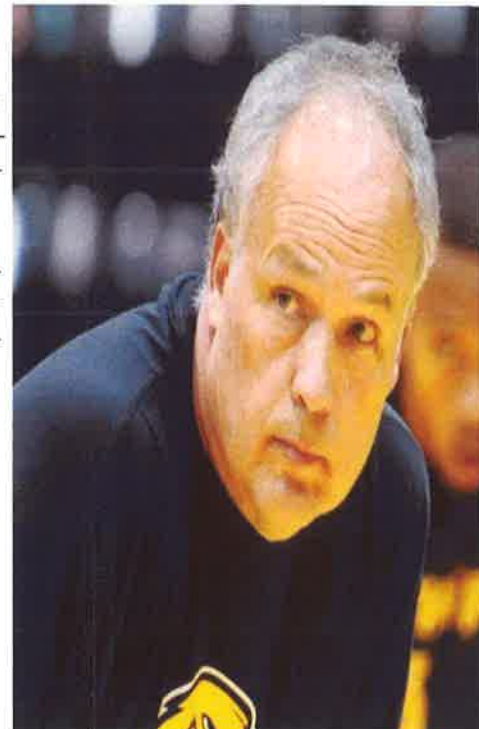
PAYMENT OPTIONS:

- Check/Money Order (Payable to USM Athletics – Men's Basketball Camps)
- Cash

Amount Enclosed: \$ \_\_\_\_\_ (USM faculty and staff receive 50% off for immediate children)

Doc Sadler Basketball Camps are open to any and all entrants, limited only by number, age, grade level and/or gender. I hereby authorize the directors of Doc Sadler Basketball Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for injuries incurred while at camp, or arising out of my traveling to or from the Doc Sadler Basketball Camps.

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_



2017 SOUTHERN MISS ATHLETIC CAMPS

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT/  
CONSENT TO MEDICAL TREATMENT/MEDIA RELEASE

EACH PARTICIPANT MUST PROVIDE THIS COMPLETED FORM PRIOR TO PARTICIPATION IN ANY CAMP ACTIVITY.

In consideration of my child being allowed to participate in this program/camp, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The University of Southern Mississippi, its governing board, officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise while participating in this camp or while in, on, or upon the premises where the camp/clinic is being conducted.

To the best of my knowledge, my child is in good physical condition, and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the camp's activities. I am fully aware of the risks and hazards associated with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEE from any loss, liability, damage, or cost, including court costs and attorney's fees, that may accrue related to my child's participation in this camp, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise.

During the period of the camp, I hereby give permission for representatives of the University to administer appropriate medical attention to my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

I recognize and acknowledge that the University may record my child's participation and appearance in this camp on any recorded medium (including, but not limited to video, audio, photos) for use in any form (publications, brochures, books, movie, electronic media, etc). I authorize such recording and release the University to use my child's name, likeness, and voice resulting from my child's participation in this camp for any purpose at the sole discretion of the University.

It is my express intent that this Waiver, Release and Indemnification Agreement/Consent to Medical Treatment/Media Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Mississippi. In signing this release, I acknowledge and represent that I have read and understand it and sign in voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Parent/Guardian Printed Name                      Signature                      Date                      Emergency #

**INSURANCE:** This clinic carries an excess medical insurance policy to cover medical expenses for injuries/accidents that occur in the course of the clinic's activities. Medical expenses that are declined for payment through the participant's personal insurance and/or through the excess policy become the responsibility of the participant's parent/guardian.

**INSURANCE INFORMATION:**

\_\_\_\_\_  
Company Name                      Policy Number                      Policy Holder  
  
\_\_\_\_\_  
Group Number                      Phone Number

**AMERICANS WITH DISABILITIES ACT:** For individuals with disabilities requiring special accommodations, please contact the clinic director within a minimum of seven days of the first day of the clinic so the proper consideration may be given to the request.

**PHYSICIAN'S STATEMENT:** I hereby certify that \_\_\_\_\_ has no restrictions that would prevent him/her from active and full participation in any and all activities related to the clinic.

\_\_\_\_\_  
Physician's Signature                      Date

**\*\*Copy of recent (after July 1, 2016) school physical is acceptable in lieu of physician signature\*\***

Known Allergies : \_\_\_\_\_ Tetanu  
Booster Date: \_\_\_\_\_

Medications camper will bring to camp: \_\_\_\_\_

**\*Campers bringing prescription medication will be asked to complete additional paperwork upon arrival.\***