



2009

UTA LADY MAVERICK BASKETBALL CAMP

MONDAY, JUNE 15-THURSDAY, JUNE 18

MAVERICK ACTIVITY CENTER

9AM-4PM (DOORS OPEN AT 8:30 AM)

\$125 EARLY REGISTRATION (\$135 LATE REGISTRATION)

GRADES K-12

**ALL CAMPERS RECEIVE A CUSTOM UTA
CAMP T-SHIRT AND UTA BASKETBALL
LUNCH WILL BE PROVIDED**



**FOR MORE INFORMATION, PLEASE CONTACT LINDSEY WILSON AT
(817) 938-8099 OR EMAIL LINDSEYW@UTA.EDU**

UTA Women's Basketball Camp 2009

Name: _____

Address: _____

City/State/Zip: _____

Parents/Guardian: _____

Home Phone: _____

Work Phone: _____

Grade (Fall 2009): _____ Age: _____ School: _____

E-mail Address: _____

Adult T-Shirt Size (Circle One) S M L XL

I, the undersigned, give permission for my child to participate in the 2009 University of Texas at Arlington Women's Basketball Camp. This authorization shall waive, release and absolve all liability for injury or illness incurred at the camp. I give the staff permission to act on my behalf, according to their best judgment, in any emergency; I also certify that the above applicant has no physical problems or disabilities that would impede his or her participation at the UTA Women's Basketball Camp other than those prior notified on an attached sheet with this application.

Parent Signature: _____

Date: _____

Emergency Contact: _____

Phone of Emergency Contact: _____

Please Send Form & make check Payable to UTA Women's Basketball Camp 2009
UTA Women's Basketball Camp 2009
c/o Coach Lindsey Wilson
The University of Texas at Arlington
Box 19079
Arlington, TX 76019-0079