

# 2010 WYOMING COWGIRL TEAM CAMP 1

## June 20<sup>th</sup> – 22<sup>nd</sup>

### FEATURING

Joe Legerski – Wyoming Head Basketball Coach  
Wyoming Coaching Staff

### ALL CAMPERS RECEIVE FREE

Camp Shoe Bag and Camp T-shirt

### ELIGIBLE TEAMS FOR CAMP

Varsity, junior varsity, sophomore,  
9<sup>th</sup> & 8<sup>th</sup> Grade Teams  
Minimum Seven (7) Players per Team

### REGISTRATION

**Sunday, June 20<sup>th</sup> at 10:30 am – 12:30 pm**  
First session, June 20<sup>th</sup>: 1:30 pm – 4:30 pm  
Last session, June 22<sup>nd</sup>: 11:00 am – 4:00 pm

### 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.

### CAMP FEATURES

On the University of Wyoming Campus.  
One of the top camp facilities in the area.  
Games played in the Arena Auditorium (Home of the Wyoming Basketball Teams).  
Guaranteed 8 games.  
Every game is officiated.  
Laundry provided for uniform tops.

### FEES: Full Payment Required      Check payable to: Cowgirl Basketball Camps.

Overnight - \$220.00 per camper (includes room and board)  
Commuter - \$650.00 per team (does not include room and board)

Camper's Name \_\_\_\_\_ Grade, fall 2010 \_\_\_\_\_ T-shirt size \_\_\_\_\_

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

Type of camper: Overnight \_\_\_\_\_ Commuter \_\_\_\_\_ School attending \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

### PARENT RELEASE & INDEMNITY AGREEMENT

I, as parent/guardian of the below named child, do hereby give my approval to my child's participation in the basketball camp. I assume all risks and hazards incidental to such participation including transportation to and from the camp, and do hereby hold harmless the University of Wyoming, High Top Hoops, LLC, its members agents, and employees from any claim or alleged liability in connection with my child's participation in the program including acts of third parties. I understand that participation in the sport of basketball can be dangerous and result in serious injury and that if any emergency should arise, I give you full permission and authority to take steps that are reasonably necessary in your judgment to protect and assist my child, including medical care. I agree to be responsible for hospital expenses, doctor bills and any other expenses that may be incurred to assist and protect my child. I also understand the camp; High Top Hoops LLC retains the right to use photographs of campers taken at the camp for publicity and advertising purposes.

PARENT'S NAME \_\_\_\_\_ PARTICIPANTS NAME: \_\_\_\_\_

SIGNED (PARENT) \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_