

2010 WYOMING COWGIRL TEAM CAMP 2

June 27th – 29th

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,
9th & 8th Grade Teams
Minimum Seven (7) Players per Team

REGISTRATION

Sunday, June 27th at 10:30 am – 12:30 pm
First session, June 27th: 1:30 pm – 4:30 pm
Last session, June 29th: 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 # _____