

PARENTAL CONSENT FORM

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, suffers from no illnesses, disabilities, or condition that requires medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a condition of admittance as a camper, the undersigned on behalf of all parents and guardians and on behalf of the applicant, hereby releases the University of Louisiana Monroe, head coach Jeff Dow, and all other employees or agents of the camp from any and all liability from illness or injury, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

(Write Camper Name Here)

Additionally, I hereby give the University of Louisiana Monroe/Warhawk Women's Basketball Camps permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give the University of Louisiana Monroe/Warhawk Women's Basketball Camps permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.

Parent Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Deposit: _____

Form of Payment: Cash or Check

Balance due: _____



THE UNIVERSITY OF LOUISIANA MONROE
WOMEN'S BASKETBALL PROGRAM
308 WARHAWK WAY | MONROE, LA 71209



JEFF DOW
HEAD COACH
3RD SEASON

WOMEN'S BASKETBALL CAMPS



DAY CAMP | JUNE 5th – 8th
ELITE CAMP | JUNE 17th
TEAM CAMP | JUNE 19th – 20th

DAY CAMP

Grades: 2nd-8th grade

When: June 5th – 8th, 2017

Where: Fant-Ewing Coliseum

Camp Time: 8:30 a.m. – 12:00 p.m.

Registration: June 5th, 7:30 a.m. – 8:20 a.m.

Registration Cost:

Prior to June 3rd: \$110

Day of Camp: \$120

Costs Include: Camp Fee, Insurance, Awards, T-Shirt, and Other Prizes

Note: Snacks and water are provided daily for campers.

Deposit: \$50 non-refundable (registration fee).

Checks payable to: Warhawk Women's Basketball Camp

For more info, contact coach E.J. Smith:

Office: 318-342-5409

Cell: 318-372-5203

Email: ok@ulm.edu

ELITE CAMP

Grades: 9th-12th grade

When: June 17th, 2017

Where: Fant-Ewing Coliseum

Camp Time: 2:00 p.m. – 5:00 p.m.

Registration: June 17th, 1:00 p.m. – 2:00 p.m.

Cost: \$40

Deposit: \$20 non-refundable

Checks payable to:

Warhawk Women's Basketball Camp

For more information, contact coach David Saur:

Office: 318-342-5749

Cell: 443-340-3260

Email: saur@ulm.edu

TEAM CAMP

When: June 19th – 20th, 2017

Where: Fant-Ewing Coliseum & ULM Activity Center

Divisions: Varsity & Junior Varsity

Two-Day Camp Cost:

\$375 per team; 5 games

\$675 per two teams; 5 games per team

One-Day Camp (Monday or Tuesday Option)

Cost: \$225 per team; 3 games

(Costs include 10 t-shirts per team)

Circle One:

Monday

Tuesday

No Preference

Deposit: \$100 non-refundable

Checks payable to: Warhawk Women's Basketball Camp

For more information, contact coach Ashleigh Simmons:

Office: 318-342-5406

Cell: 903-220-9291

Email: asimmons@ulm.edu

Camps are open to any and all individuals; from the novice to the more advanced



Visit ULMWARHAWKS.COM for more information.

CAMPER INFO

Please fill out the form below and sign the parental consent form on the next page. Return the completed camper information and consent forms with the required deposit to:

Warhawk Women's Basketball Camp

308 Warhawk Way | Monroe, LA 71209

Name: _____

T-Shirt Size (Circle One):

Adult: S M L XL 2X

School: _____

Age: _____

Grade (entering August 2017): _____

Address: _____

City: _____ **State:** _____

Zip Code: _____

Phone: _____

Emergency Phone: _____

Parent/Guardian: _____

Email: _____

FOR TEAM CAMP ONLY

Coach's Name: _____

Email: _____

Cell Phone: _____

Division: _____

For Division questions, contact Director of Basketball Operations - Ashleigh Simmons