**DESCRIPTION**

Designed for high school Varsity and JV teams that want to get a head start on the upcoming season. Teams must pre-register with a minimum of six (6) players. The camp not only focuses on providing games, but will also give you and your team hands-on experience of the Central Washington Women’s Basketball team values. Participating teams will receive individual fundamental skill instruction and team-bonding exercises.

**CHECK IN/CHECK OUT**

Check in time is from 1 to 2:30 p.m. on July 11 in the Vantage Room in Munson Hall. Coaches are responsible for check in and check out of their entire team. Camp will start at 3 p.m. on July 11 and conclude at 12 p.m. on July 13. Check out is between 7 and 9 a.m. on July 13.

**TEAM PHONE REGISTRATION**

Phone reservations will be taken March 1-June 1 or until the camp is filled. For more information contact Randi Richardson at (509) 963-1936 between 8 a.m. and 5 p.m., Monday-Friday, or e-mail Randi.Richardson@cwu.edu. Team registrations must be made by the coach. All applications must be submitted as a team including team roster and full payment by July 6. Team coaches fees are $120 for overnight and $75 for commuters, or one coach is free if team has at least eight (8) players.

**WHAT TO BRING**

Campers must bring their own towels, washcloths, soap, sun screen, personal toiletries and bathing suit. Also bring basketball shoes, t-shirts, shorts, socks and swims. Please leave all valuables at home. CWU is not responsible for damages or loss to camper’s personal property.

**PHYSICALS / INSURANCE**

All CWU camp participants are required to provide a non-returnable physical fitness statement from their physician, signed CWU Camper Health/ Emergency Information and Hold-Harmless Form and proof of their own medical insurance prior to their participation in the CWU Camp. CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT PROPERLY COMPLETED FORMS. The CWU athletic training staff will be on duty during sessions and on-call throughout the day.

**SUPERVISION**

The team coaches are required to stay in CWU housing with their players. Team coaches are also responsible for their players during non-sanctioned, after hours activities while attending Team Basketball Camp. CWU reserves the right to send any camper home if found to be undesirable for any reason. If keys are not returned at check out, the team coach will be responsible for $35 per lost key.

**HEAD COACH**

Jeff Harada

Jeff Harada just completed his 3rd season as head coach of Central Washington University Women's Basketball. In each of his first two seasons as head coach, the Wildcats reached GNAC Tournament for the first time in program history. A big part of the program’s success can be attributed to the defensive disciplines of Coach Harada and his staff which have helped the Wildcats own the second best overall statistical defense two years in a row. In addition, Jasmin Edwards and Mandy Steward have each been named GNAC Freshman of the Year under Harada’s guidance.

Prior to CWU, Coach Harada was an assistant at the United States Naval Academy and helped lead them to two NCAA Division I National Tournaments and a bid to the National Invitational Tournament. Harada got his first head coaching job at NCAA Division II Hawaii Pacific University and won 58 games for the Sharks including a 36-14 mark over his final two seasons, winning the Pacific West Conference Title in 2010, winning coach of the year honors and a trip to the NCAA Division II West Regional Tournament.

**QUESTIONS**

For questions regarding registration and payment please contact Conference Program at (509) 963-1141 or e-mail Conference.Program@cwu.edu. For questions regarding camp please contact Assistant Coach Randi Richardson at (509) 963-1936 or e-mail Randi.Richardson@cwu.edu.
Participant’s Name ____________________________________________
(Please print)
Address _______________________________________________________
City __________________ Stte ______ Zip ______________
Birth Date ______________ (Month/Day/Year) ______________ Phone (________) __________ (Area Code) ____
Sports Camp Attending ______________________
T-shirt Size: M X L X XL X 2.________________________
DOES YOUR CHILD HAVE:
Yes No If yes, list ____________________________
Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.
Yes No If yes, list ____________________________
Has your child had any injuries and/or operations during the past year?
Yes No If yes, list type and dates. ____________________________
Has your child’s physical activity been restricted during the past year?
Yes No If yes, list reasons and duration. ____________________________
Is your child taking any medications? Yes No If yes, why? ____________________________
Name of medication(s) and Dosage(s). ____________________________
Has your child ever taken any sulfa drugs? Yes No ____________________________
Has your child had adverse reactions to any drugs? Yes No ____________________________
If yes, list drug(s) and reaction(s). ____________________________
Date of last tetanus immunization: ____________________________

IN CASE OF EMERGENCY, NOTIFY:
Name _______________________________________________________
(Please print)
Relationship ____________________________
Address _______________________________________________________
City __________________ Stte ______ Zip ______________
Phone: Work (________) ______________ Home (________) ______________ (Area Code) __________ (Area Code) __________
Family Physician ____________________________ Phone (________) ______________ (Area Code) __________
Medical Insurance ____________________________
Name of Insured _______________________________________________________
Policy/Group # ____________________________

I, the undersigned, individually and as a parent/guardian of ____________________________ (participant), a minor,
ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University (CWU). I am fully aware of the safety risks of participating in this activity. In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless CWU and its trustees, officers, agents, employees, and volunteers from and against—any and all liabilities, claims, costs, expenses, injuries, and or/losses that I or my minor child may sustain as a result of my child’s attendance at the sports camp, or in the course of competition and/or activities held in connection with the sports camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child.

I agree to pay for lost keys and damages caused by my child while at camp. I also give permission for my child’s photograph to appear in promotional material regarding future camps.
Signature of Parent/Guardian ____________________________ Date ______________
(Please print name and relationship to participant)

TEAM CAMP: JULY 11-13, 2017
#101-7075

CAMP DATES ATTENDING:

TEAM CAMP July 11-13, 2017

$230 Overnight; $260 After May 15

$180 Commuter; $210 After May 15

*Send individual applications with payment as a team to CWU Conference Program, 400 East University Way, Ellensburg WA 98926-7592. Make checks payable to CWU Conference Program.

Payment in full per camper is required upon registration to secure your space. There is a $25 per camper late registration fee after June 16. Full refunds minus a $35 administration fee will be honored before July 1. After July 1, refunds will not be made for campers dismissed from camp, no shows, or cancellations (unless documented medical emergency). E-mail cancellation notices to: Conference.Program@cwu.edu.

CWU is an AA/EEO/Title IX/Veteran/Disability Employer. For accommodation e-mail: D5@cwu.edu.

Player Name _______________________________________________________
(Please type or print)
E-mail _______________________________________________________
Parent/Guardian E-mail ____________________________________________
Phone Number (________) ______________ (Please include area code)
Parent/Guardian Phone (________) ______________ (Please include area code)
Address _______________________________________________________
City __________________ Stte ______ Zip ______________
School Name _______________________________________________________
Grade Entering ____________________________________________________
Coach’s Name ____________________________________________________

$ Card Holder Name ____________________________________________
Signature _______________________________________________________
Date ______________
Visa MasterCard Discover Credit Card # ____________________________
Exp. Date ______________ CVV Code ______________

(CWU will destroy payment information immediately after processing.)
ACKNOWLEDGMENT OF RISKS AND RELEASE OF CLAIMS

ACKNOWLEDGMENT OF RISKS. I understand that my participation in the CWU sports camp program involves potential risks to my health or safety. Such risks may include falls, collisions with other participants, heat exhaustion, rhabdomyolysis, paralyzation, broken bones, torn ligaments, sprains, concussions, heart failure, permanent injury and such other injuries or illnesses as can occur in the course of vigorous physical activity.

I understand that my participation in the program is voluntary. I acknowledge and voluntarily assume the risks of my participation, whether such risks result from my own negligence, the negligent acts or omissions of others, faulty equipment, or otherwise. I further understand that I am solely responsible for determining whether I am physically capable of participating in the program and whether I have any medical or health condition that would prevent me from participating safely.

I hereby authorize CWU staff to seek emergency medical services for me should I become injured or ill with the understanding that I will be solely responsible for any and all resulting medical expenses.

WAIVER AND RELEASE OF CLAIMS. As a condition of my being permitted to participate in the CWU sports camp program, I hereby waive and release any claims that I or my estate may have against CWU or its staff or volunteers based on any injuries, illnesses, or property damage that I may sustain as a result of my participation in the program.

If the participant is under the age of 18, the signature of a parent or guardian is required. If I am signing as a parent or guardian of a minor child, I hereby acknowledge and accept the above risks of my child’s participation in the program, and I waive and release any claims that I or we may have against CWU as stated in the above Waiver and Release of Claims.

Participants Name: __________________________________ Phone Number: ________________
(Please Print)

Address: ________________________________________________________________

Emergency Contact: __________________________________ Phone Number: ________________

Participant’s Signature: _________________________ Date: ________________
(Parent or guardian if under the age of 18)