

2017 Boys Basketball Camps

Online Registration Available at:
WinonaStateBasketballCamps.com

Camp	Date	Grades	Time	Price
Camp 1	June 19 - 22	7 - 12	9:00 am - 3:00 pm	\$160 (lunch included)
Camp 2	June 26 - 29	1 - 3	8:00 am - 9:30 am	\$45
Camp 3	June 26 - 29	4 - 6	10:00 am - 12:00 noon	\$60

(Please circle camp attending)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Grade (Entering Fall 2017): _____

Emergency Contact _____ Contact #: _____

T- Shirt Size (adult): S M L XL XXL (youth): S M L Camp: 1 2 3

Checks payable to:

Winona State Men's Basketball
175 W. Mark St.
Winona, MN 55987

Sorry, no refunds once signed up



Medical History/Parent Release & Acknowledgement

Birth Defects (one eye, one kidney, etc) _____

Medical Conditions currently under treatment _____

Pre-existing injuries under treatment _____

Fractures or other disability-type injuries _____

Allergies (drug, food, asthma, etc.) _____

Medical disorders or convulsions _____

I wish to register my minor child named on this form and consent to my child's participation in the Summer Sports camp and/or Leagues sponsored by the Department of Intercollegiate Athletics of Winona State University during the summer of 2017.

I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child.

I understand that children registered for WSU Athletic's summer sport camps and/or leagues will receive instruction in the basic principles of the sport(s) of their choice(s) and will spend a significant amount of time practicing and performing sporting techniques and/or researching and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program.

I consent to the transporting of my child in University vehicles to and from various locations on campus and in the Winona area for recreational and instructional activities.

I consent to the use of video recordings and photographs of my child's participation in WSU Athletics summer sports camp, league programs, and future camp promotions.

I certify that my child had no medical condition or impairment, including the use of medication, that might inhibit his or her participation.

RELEASE OF LIABILITY I, the undersigned, hereby agree to indemnify and hold Winona State University harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in the Summer Sports camps and/or leagues at the Department of Intercollegiate Athletics, Winona State University. I hereby certify that my child is provided coverage via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses, noted above, which might incur.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

I understand that if my child is diagnosed with a concussion or a concussion like symptom at a Winona State University Athletic Camp, they will no longer be allowed to participate at camp. As parent/legal guardian I must make arrangements to remove the child from camp as soon as I have been notified of my child's condition.

Please check box and INITIAL and DATE: _____