



DAVE LOOS
BASKETBALL CAMP
BUILDING BONDS THROUGH BASKETBALL

2016 INDIVIDUAL BASKETBALL CAMP

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GOVERNORS BASKETBALL

COST: \$125.00
DATE: JUNE 6-9, 2016
REGISTRATION: MON. 6/6 - 7:30-8:45AM
CAMP: 9-3PM
LOCATION: DUNN CENTER

2016 CAMP INFORMATION

The Dave Loos Basketball Camp is designed to provide campers the opportunity to improve basketball skills through the reaching of solid fundamentals, all while building character, spending quality time together, fostering relationships and bonding through the game of basketball. Campers will participate in offensive and defensive drills, shooting techniques, team up to compete in 5 on 5 team competitions and free shooting opportunities. Prizes will be awarded for individual competitions. Loos and his staff want to expose players to the game's fundamentals and improve them with each player. The experience and knowledge gained at the camp will provide an opportunity for each participant to have fun and leave camp a better player.

ELIGIBILITY: Ages 6-16 Campers will be divided into groups according to age and ability.

WHAT TO BRING: Lunch, basketball shoes, t-shirts, gym short and socks. Participants must also provide their own protective gear. Each day an experienced trainer will be on staff.

Austin Peay State University does not sponsor, conduct, endorse or accept responsibility for the services described herein. Camp sponsors are not acting on behalf of the University. The organization(s) and individual(s) coaching the camp or other activity described in this publication contract for the use of facilities from the University and are solely responsible for the camp services and activities associated with it. The University has granted the camp sponsor(s) a limited license to display and use its symbols, marks and logos as a courtesy.

DAVE LOOS BASKETBALL CAMP

BUILDING BONDS THROUGH BASKETBALL

Name: _____
(CAMPER)

Name: _____
(PARENT/GUARDIAN)

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Shirt Size: YS YM YL
 AS AM AL AXL

Attending School: _____

Grade (as of fall 2016): _____ Age: _____

Age: _____ Height: _____ Weight: _____

Allergies/Medical: _____

Physician: _____

Physician's Phone: _____

I hereby authorize myself and child to be admitted to the Dave Loos Basketball Camp and authorize the directors to use their best judgment in any emergency requiring medical attention, for which service I will pay.

Signature: _____

Date: _____

PLEASE MAKE CHECKS PAYABLE TO:
Dave Loos Basketball Camps

PLEASE SEND DEPOSITS & REGISTRATION FORM TO:
Austin Peay Men's Basketball
Attn: Dave Loos
P.O. Box 4515- Dunn Center Room 141
Clarksville, TN 37044

A \$20.00 deposit is required with each registration form. Final balance is due at registration. APSU employee dependents, Governors Club Members, Military dependents and siblings will receive a \$10 discount. Individual camp fees include instruction, liability insurance and T-Shirts.

Austin Peay State University

Parental Consent, Assumption of Risk, and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed Parental Consent Form on file. This way, we can help your child without delay in the event of an emergency.

Name of minor: _____
Camp attending: _____
Birthday: _____ Social Security #: _____
Insurance Company's Name: _____
Medical/Hospitalization Insurance Policy #: _____
Phone number of office holding policy: _____

Medical information

Allergic reactions: _____
Medication(s) presently taking: _____
Date of last tetanus shot: _____

Past illness or other information that would be useful in the event treatment is necessary:

Emergency Phone Numbers

Father (H) _____ (W) _____ (C) _____
Mother (H) _____ (W) _____ (C) _____

Other contact in event parents cannot be reached:

Name: _____ Relationship: _____
(Home): _____ (Cell) _____

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or in part, by the negligence of Austin Peay State University with the exception of willful and gross negligence.

In consideration of allowing my minor child(ren) to participate in this activity, as well as the use of any of the facilities and the use of the equipment, I hereby agree as follows:

(1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of international, wanton or willful misconduct, that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers.

(2) To release Austin Peay State University, their officers, directors, employees, representatives, agents, and volunteers, from liability and responsibility, whatsoever for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from the activity whether caused by active or passive negligence of Austin Peay State University or otherwise with the exception of gross negligence. By executing this document, I agree to hold Austin Peay State University harmless for any injury, including, but not limited to, paralysis, or permanent disability, or loss of life which may occur to my minor child(ren) during the activity and/or instruction.

(3) By entering into this agreement, I am not relying on any oral or written representation or statement made by Austin Peay State University, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Tennessee, United States of America.

(4) If any provision of this release is found to be unenforced or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforced provision had never been contained in this document. I hereby authorize the director, assistants, or other persons responsible for my minor child(ren)'s care to act on my behalf, according to their best judgment, for said minor in any emergency requiring medical attention and I hereby waive and release the camp/program, the instructors and Austin Peay State University of all liability for any illness or injuries incurred while at, or in transit to and from the camp.

Signature of Parent or Guardian Date

Print Name of Parent or Guardian

Signature of Parent or Guardian Date

Print Name of Parent or Guardian