

NIU Women's Basketball Youth Camp

NIU Women's Basketball Youth Camp is for girls and boys entering grades 1-8 in the fall of 2018 who want to learn the fundamentals of basketball.

Youth Camp will take place from June 25-28th. All campers will receive instruction from the Northern Illinois University women's basketball coaching staff, a tour, and a t-shirt. The camp will run each day from 9:00 a.m. to 4:00 p.m. in the Convocation Center, with registration beginning at 9:00 a.m. on the 25th. Please use NIU Entrance 5 for all drop-offs and pickups. There will be an hour lunch break each day of camp. Please have campers bring their own lunch. (There will be refrigerators available to use.)

Athletic trainers will be on staff at all camps. NO CAMPER will be allowed to participate without all medical forms completed. The form can be found on the back of this sign-up sheet, titled "NIU Sports Camp Waiver". These forms can be scanned and emailed to Adam Tandez (atandez@niu.edu), or turned in on the day of registration.

COST BEFORE JUNE 4, 2018: \$150.00

COST AFTER JUNE 4, 2018: \$175.00

To register by credit card, please visit <https://camps.jumpforward.com/niuwbccamps> (NOTE: There is a 6% transaction fee online). To register by cash or check, please completely fill out the information below as well as the waiver on the back of this sheet and mail back to Coach Adam Tandez with payment.

If you have any questions, please contact Coach Adam Tandez by e-mail (atandez@niu.edu) or by phone (847-420-8521). Thank you!

Camper First Name: _____ Camper Last Name: _____

Camper Home Address Line 1: _____

Camper Home Address Line 2: _____

City, State, Zip Code: _____ Camper Date of Birth: ____/____/____

Phone: _____ E-Mail: _____

School Camper will be attending in Fall of 2018: _____

T-Shirt Size (PLEASE INDICATE IF A YOUTH SIZE IS DESIRED): _____

Does NIU have permission to publicize your (your child's) picture from this event (Circle one): YES NO

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact E-Mail: _____

PLEASE FILL OUT BOTH THIS PAGE AND THE BACK OF THIS PAGE COMPLETELY!

After completing both sides of this document, please mail it, along with payment to:

Adam Tandez
ATTN: Women's Basketball
1525 West Lincoln Highway
DeKalb, IL 60115

PARENTAL AUTHORIZATION/RELEASE OF INFORMATION FORM

NORTHERN ILLINOIS UNIVERSITY HUSKIE SPORT CAMPS - THIS FORM IS REQUIRED TO PARTICIPATE IN THE CAMP

Specific Sport Camp & Date _____

CONSENT TO TREATMENT / LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Northern Illinois Sport Camps, I/we as parents of

Camper's Name _____

do hereby agree to limit the liability of the Northern Illinois University Sport Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sport Camps. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sport Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sport Camps, which is not covered by said medical insurance policy. Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment. This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions. I authorize Kishwaukee Community Hospital and Physicians Immediate Care to release medical information regarding the above named participant to interested parties including parents and family physician.

CAMPER'S HEALTH HISTORY – REQUIRED All information must be completed in order to participate in the camp.

To be completed by camper's parent or legal guardian

Circle Yes/No/None or Enter Information

YES/NO Asthma YES/NO Heart Disease YES/NO Diabetes YES/NO Head Injury/Concussions

Allergies To Drugs / NONE _____ Allergies To Foods / NONE _____

Current Medications / NONE _____ Skin Conditions/NONE _____

Other Medical or Physical Conditions / NONE _____

A doctor's release must be attached if camper is recovering from a recent surgery, illness, injury, skin condition or if he/she will be participating with a cast or splint. NOTE: Camp includes physical activity. Participants are encouraged to be properly conditioned.

INSURANCE INFORMATION – Campers will be responsible for all medical payments.

YES, the camper is insured

NO, the camper is not insured

I attest that all of the above listed information, from all sections, is agreeable and correct to the best of my knowledge.

Parent or Legal Guardian's Name (Printed)

Signature

Day Phone: _____ Cell Phone: _____ Emergency Phone: _____

HAND IN THIS FORM AT CHECK IN FOR THE CAMP