



## Women's Basketball Camp

### July 11-14, 2011

**Ages:** Incoming 3<sup>rd</sup> – 6<sup>th</sup> grade – Morning Session (8:30 – 11:30 am)  
Incoming 7<sup>th</sup> – 9<sup>th</sup> grade – Afternoon Session (1:00 – 4:00 pm)

**Location:** Massari Arena on the campus of CSU-Pueblo

**Cost:** \$75.00 if registered on or before July 1, 2011  
\$85.00 if registered after July 1, 2011

**Camp Instructors:** CSU-Pueblo Players and Coaching Staff

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#### 2011 Camp Application

Mail completed application form and camp fee to:

Women's Basketball  
2200 Bonforte Blvd.  
Pueblo, CO 81001

#### Camper Information

Name: \_\_\_\_\_ Shirt Size: Youth or Adult - S M L XL  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Fall '11 Grade: \_\_\_\_\_ Fall '11 School Attending: \_\_\_\_\_

#### Parent/Guardian Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

#### Medical Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Last Physical: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_

#### Parent's Release for Medical Treatment

I approve of my child's attendance at the CSU-Pueblo Thunderwolf Women's Basketball Camp and certify that she is in good health and able to participate in all camp related activities. I hereby authorize the director(s) of this camp to act for me according to their best judgement in any emergency requiring medical attention, including treatment by a medical professional.

\_\_\_\_\_  
Parent/Guardian Signature Required

\_\_\_\_\_  
Date