

*University of Dubuque Hold Harmless Agreement, Secure Treatment
Waiver and Release of Claims Form*

Program/Event/Course/Activity:

December 6th & 13th (Sundays) 2015 Little Spartans Girls Basketball Skills Camp

Please Print Clearly: (black or blue ink)

Participants L Name _____ F Name _____ Date of Birth _____ Age _____

Home Address _____
Street City State Zip

School: _____

Your Coaches Name: _____ Cell Phone _____
(present at league play)

**University of Dubuque Hold Harmless Agreement, Secure Treatment
Waiver and Release of Claims**

Parent/Guardian/Participant Release-University of Dubuque (UD) "Hold Harmless" Agreement - Waiver and Release of Claims:

- As the parent/guardian of the above participant or as the above participant is physically/mentally able to participate in the above activity. Further more permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility.
- Each participant and/or parent/guardian must complete this form prior to son/daughter's participation in the above activity. Please read this form carefully and be aware in consideration of participation in the above activity, you will be waiving and releasing all claims for injury/illness sustained arising out of this activity.
- Please recognize that the University of Dubuque (UD) does not carry medical insurance for injuries/illness sustained by participating in the activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment and medical expenses.
- In consideration for my participation in the UD above named activity, I agree to assume all risk and fully release from all liability including death, damages or loss of severity, which I may sustain as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.

I further agree to indemnity and hold harmless the UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages, and losses sustained by myself or rising out of, connected with, or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

Signature of Participant _____ Date _____

IF under 18 years of age:

Parent/Guardian: L Name _____ F Name _____

Address, if different from above: _____
Street City State/Zip

Phone #: _____

Signature: _____ Date _____

University of Dubuque Women's Basketball



Little Spartans Girls Skills Camps

Sunday, December 6th & 13th 2015

Every camper will get...

- UD T-shirt
- Women's Basketball Family Season Pass
- Halftime recognition at UD vs North Central IL game 12/19/15 @ 1 PM

Session #1 3:00 – 4:30 PM 1-4th grade girls (\$20.00)

Session 1, is for the younger camper who is at the beginning of their basketball knowledge and skill development. Campers will learn age appropriate motor movements and basketball skills in a fun atmosphere. Games and relays will be played with a basketball to introduce basic skills. Sportsmanship and teamwork will be emphasized, and the rules of the game will be introduced. It's a great introduction to the sport for young, budding basketball players.

Session #2 4:45 – 6:15 PM 5-8th grade girls (\$20.00)

Session 2, is a high energy camp in which campers will be taught core basketball fundamentals, develop a basic knowledge of the game and have fun! Each day will be broken up into shooting, defense, rebounding, passing, ball handling, and footwork. Learning skills, working in a team, and having fun you will learn how to enhance your overall game. The camp will emphasize fundamental basketball and overall player development.

We will accept walk-up registrations on the first day of camp.

Return Registration to: Women's Basketball 2000 University Ave – Dubuque, IA 52001

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Session 1 (1-4th grade) 3:00 – 4:30 PM

Session 2 (5-8th grade) 4:45 – 6:15 PM

T-shirt Size: **YS** **YM** **YL** **S** **M** **L** **XL**

(Circle one)

Parent Contact Information:

Full Name: _____

Phone #: _____

Email: _____

Emergency Contact Information:

Full Name: _____

Phone #: _____

Contacts: Mark Noll – Head Women's Basketball Coach mnoll@dbq.edu (563) 589-3279

Kelsey Steinhagen – Asst. Coach ksteinhagen@dbq.edu (563) 589-3415