

# UNIVERSITY OF DUBUQUE

## Women's Basketball

# ELITE CAMP

**SATURDAY, AUGUST 3, 2019**

**12:00PM-4:00PM**

**Location:**

**University of Dubuque's Stoltz Sports Center**

**OPEN TO ALL GIRLS GRADES 9TH-12TH**

**2000 University Avenue, Dubuque, Iowa, 52001**

The University of Dubuque's Women's Basketball High School Girls Elite Camp features elite level workouts that are focused on improving individual skills and competitive team play. The UDWBB High School Girls Elite Camp is designed to give high school student-athletes a look at the training and practice regiment at the college level. Head Coach Mark Noll, Assistant Coach Justin Smith, and current UDWBB players will instruct the camp. UDWBB High School Girls Elite Camp will include:

- Skill instruction from current UDWBB coaches and players
- Position/Station Instruction
- 1-on-1, 3-on-3, 5-on-5 competitive games
- Q&A Session with current UDWBB coaches and players
- Campus tour with current UDWBB coaches and players (Optional)
- UDWBB Elite Camp T-shirt

# \$30

## CAMP CONTACTS

Mail Application, medical waiver, and a  
check made payable to

**University of Dubuque  
Women's Basketball  
2000 University Avenue**

**Mark Noll- Head Women's Basketball Coach**

**mnoll@dbq.edu (563) 589-2789**

**Justin Smith- Assistant Women's Basketball Coach**

**jwsmith@dbq.edu (563) 589-3415**

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

Program/Event/Course/Activity:

**August 3, 2019 University of Dubuque Women's Basketball High School Elite Camp**

Please Print Clearly: (black or blue ink)

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Grade Entering (Fall 2019): 9 10 11 12 Age: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Designated Dubuque Hospital: \_\_\_\_\_

Any concerns which the camp staff should be aware of? \_\_\_\_\_

T-Shirt Size (Circle):      S      M      L      XL

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

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

Parent/Guardian's Signature is required to confirm that you have read and agreed to all aspects of the "Hold Harmless" Agreement - Waiver and Release of Claims.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_  
Street City State Zip

Parent/Guardian Phone #: \_\_\_\_\_ Participant Cell #: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_