

**The University of
Tennessee at Martin
SKYHAWK**

**BOYS' BASKETBALL
CAMP APPLICATION**

June 20-23, 2011

Fill out and mail now with full tuition or fill out and mail with a \$30 non-refundable deposit. The remainder of tuition will be due prior to camp. Applications will be processed on first-come, first-served basis.

Name _____

Age _____ Grade _____ T-shirt size _____

Address _____

City/State/Zip _____

Telephone _____

_____ Half Day _____ Full Day

Parent/Guardian _____

Total Fees Enclosed: \$ _____

Send to: The University of Tennessee at Martin
Camps & Special Program
P.O. Box 127
Martin, TN 38238



The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status. E05-0231-00-009-11

The University of Tennessee at Martin
Camps & Special Programs
P.O. Box 127
Martin, Tennessee 38238

2009 OVC CHAMPIONS

UT MARTIN

SKYHAWKS



**Boys
BASKETBALL
CAMP**

June 20 - 23

2011

THE UNIVERSITY of
TENNESSEE **UT**
MARTIN

A Message from the Coach

"We are very excited about our annual UT Martin basketball camp. We want to provide an environment where our youngsters can learn the fundamentals of basketball as well as the concepts of team basketball. It is very important to us that these young people have fun playing a game that we all love."

Sincerely,
Jason James
Head Men's Basketball Coach

Camp Features

Emphasis on the fundamentals of the game

- Each camper will receive a basketball and t-shirt
- Low camper-to-coach ratio
- Individualized instruction
- Campers grouped by age and ability
- 5 - on - 5 team competition

Facilities and Staff

Instruction takes place in the air-conditioned Kathleen and Tom Elam Center by Skyhawk basketball staff and players.

Camp Cost

- 9 a.m. to 3 p.m. - \$125 (lunch provided)
- Camp will conclude Thursday at 11 a.m. with an awards ceremony.
- UT Martin employees receive 10% discount.

Eligibility

Anyone ages 6 through 15 are eligible.

For Additional Information

Call the UT Martin Skyhawk Basketball office:
731-881-7668 or ghollow4@utm.edu

Release and Assumption of Risk

In consideration of my child's participation in the Tennessee-Martin Basketball Camp, I hereby release and agree to indemnify and save harmless the University of Tennessee, its successors, assigns, officers, agents and employees from all claims, including liability for bodily injury of whatever kind, including loss of life or property arising out of said Basketball Camp. Furthermore, I acknowledge that there are risks inherent in my child's participation in the Basketball Camp and I fully assume all such risks, hazards and losses which are connected with such activities.

I have read this waiver and knowing that the Basketball Camp is a potentially dangerous activity and in consideration of my child's participation in this activity, I for myself and anyone entitled to act on my behalf and/or my child's behalf, hereby waive and release the University of Tennessee, its officers, employees, or agents from all claims or liabilities of any kind arising out of my child's participation in this activity.

Permission

I hereby give my permission for my child's participation in summer camp activities at the University of Tennessee at Martin. Should emergency medical treatment be needed, I authorize the coach and/or staff, if I cannot be reached by telephone or because of the emergency no allowing sufficient time to make contact, to act on my behalf to approve any reasonable medical treatment deemed necessary by a licensed physician and/or hospital.

Parent's signature: _____

Parent's name (printed): _____

Date: _____

Child's name: _____

Medical Insurance company: _____

Policy/Group number: _____

Insured's name: _____

Dependent's medications: _____

Dependent's allergies or chronic medical conditions:

In case of emergency, notify

Name: _____

Relationship: _____

Day phone: _____

Night phone: _____