

**The University of
Tennessee at Martin
SKYHAWK**

**WOMEN'S BASKETBALL
FUNDAMENTAL
CAMP APPLICATION**

June 28 - July 1, 2011

Cost: \$85

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 _____

Parent/Guardian _____

Total Fees Enclosed: \$ _____

Send to: The University of Tennessee at Martin
Camps & Special Programs
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. E05-0231-00-006-11

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

UT MARTIN
SKYHAWKS



**Women's
Fundamental
Basketball
Camp**

**June 28 - July 1, 2011
Ages 6-13**

THE UNIVERSITY of
TENNESSEE **UT**
MARTIN

A Message from the Coach

"The UT Martin Fundamental camp is designed for players who want to work on and master the fundamentals of the game. The workouts will be focused on shooting, dribbling, passing and defense. The camp is designed to teach the players to work on their own to improve their game. We will focus on the offensive end of the floor with shooting, play-making and scoring but also team play and defense. We will provide workouts for the players to take home that will allow them to continue to improve after camp. We will place the kids in divisions based on grade so they can compete at comparable levels. We look forward to a great camp!!"

Kevin McMillan
Head Women's Basketball Coach

Camp Features

- Daily Instruction: 9 am - 3 pm with concessions provided but you can bring your own lunch
- Station work on fundamentals
 - Ball handling
 - Shooting
 - Passing
 - Defense
- 1 on 1 to 5 on 5 games
- Camp T-Shirt
- Fundamental Workout to take home

Facilities and Staff

Instruction takes place in the air-conditioned Kathleen and Tom Elam Center by Skyhawk basketball staff, players and local high school and junior high coaches.

Camp Cost

* 9 a.m. to 3 p.m. - \$85 (bring sack lunch)

Concessions will be Available

* Camp will conclude Friday at noon.

Eligibility

Anyone ages 6 through 13 are eligible.

For Additional Information

Call the UT Martin Skyhawk Basketball office:
Kevin McMillan: 731-881-7681
Brian Haskins: 731-881-7317

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: _____