

**The University of
Tennessee at Martin
SKYHAWK**

WOMEN'S BASKETBALL
Shooting and Player
Development Showcase
APPLICATION

August 13, 2011

Fill out and mail now with payment. Applications will be processed on first-come, first-served basis.

Name _____
Age _____ Grade _____ T-shirt size _____
Address _____
City/State/Zip _____
Telephone _____
Parent/Guardian _____
Cost: \$45

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



THE UNIVERSITY of TENNESSEE **UT**
MARTIN

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. E05-0231-00-002-12

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

**Women's
Basketball**

**Shooting & Player
Development
Showcase**



**August 13
2011**

**Time:
9 a.m. - 5 p.m.**

UT MARTIN
SKYHAWKS



A Message from the Coach

“The UT Martin Shooting and Player Development Showcase is designed for players who want to become the best offensive player to their ability. We will focus on the offensive end of the floor with shooting, play-making and scoring. We will provide workouts for the players to take home that will allow them to continue to improve after camp.”

Kevin McMillan
Head Women’s Basketball Coach

Camp Features

- Shooting Stations
- Shooting Workouts with and without the Shoot-a-Way Gun
- 1 on 1 to 5 on 5 games
- Individualized workouts
- Camp T-Shirt
- Advanced Workout to take home

Camp Information

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

Camp will run from 9 a.m – 5 p.m. each day. Cost is \$45 and lunch will be provided. Entering 9th thru 12th grade are eligible.

For additional information call the UT Martin Skyhawk Basketball office: 731-881-7317 or 731-881-7681.

Fast Facts

The 2010-11 Skyhawk Women’s Team....

- Was ranked 2nd in the nation for 3-pointers made per game
- Was 35th (out of 333) in the nation in scoring offense

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: _____