

**Summer Camp Facts**  
**Rhodes College Women's Basketball**  
**WHEN: June 2-5, 2008**  
**WHERE: Rhodes College (Mallory Gymnasium)**  
**WHO: GIRLS aged 8-16**  
**COST: \$180 full day / \$100 half day**

**CAMP NECESSITIES...**

gym shorts  
t-shirts  
socks  
basketball shoes  
swimsuit & towel

**A TYPICAL DAY AT BASKETBALL CAMP...**

9:00am --- Assembly: Stretching and Warm-up  
9:30am --- Fundamentals (stations)  
10:30am --- Drills  
11:00am --- Team Games  
11:30 am --- Swimming and Lunch (**bring your lunch**)  
1:00pm --- Stretching and Warm-up  
1:30pm --- Shooting Contests  
2:00pm --- Instructional Stations  
3:00pm --- Team Games  
4:00pm --- Games Finished

**The camp will be conducted at the Mallory Gymnasium, which has 2 air conditioned basketball courts. Check-in time is between 8:30am and 9:00am for those participants who need to come early. Parents should pick up their child at the conclusion of the camp day.**

**Application Fee and Deposit : Make all checks payable to Matt Dean by May 23.**

PLEASE PRINT THE FOLLOWING INFO VERY CLEARLY

CAMPER NAME \_\_\_\_\_  
CAMPER BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
EMERGENCY PHONE \_\_\_\_\_

**INSURANCE INFORMATION**

INSURANCE COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_  
IF CONSIDERED AN HMO, LIST DOCTOR'S NAME AND PHONE  
NUMBER \_\_\_\_\_

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**LIST YOUR CHILD'S FOOD AND MEDICINE ALLERGIES HERE:** \_\_\_\_\_

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**PARENT'S RELEASE:** We (or I) hereby request that you accept the application for the above named child in the 2008 Rhodes College Girls' Basketball Camp during the dates set forth in this application. And in consideration of your acceptance of this application, we (or I) (whether one or more) hereby release Rhodes College and all Rhodes employees from all claims on account of any injuries which may be sustained by our (or my) child while attending the 2008 Rhodes College Girls Basketball Camp, and we (or I) agree to indemnify Rhodes College and its employees for any claim which may here after be presented by our (or my ) child as a result of such injuries. We or (I) give permission for Rhodes College medical personnel to administer first aid and adequate medical care in the event of any injury or illness.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

MAIL APPLICATION, RELEASE, AND CHECK PAYABLE TO:

MATT DEAN  
HEAD WOMEN'S BB COACH  
RHODES COLLEGE  
2000 NORTH PARKWAY  
MEMPHIS, TN 38112  
901-843-3946