

# 2022 Ball State University Girl's Basketball Day Camp

## June 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>



Campers will learn basketball in an environment that promotes fun and helps develop a love for the game! The camp is designed for instruction in basic basketball skills and concepts, while giving the camper the opportunity to compete as well.

Cost: \$90 (includes a camp t-shirt and basketball)

Time: 1-5pm

Grades: K-8<sup>th</sup>

Check-in: 12:45pm on June 13<sup>th</sup> in Worthen Arena Lobby, Gate 1 (lower level next to ticket office)

Application Deadline: June 10, 2022 – A confirmation notice will be emailed to the camper.

Insurance: Each camper must have her own family medical insurance policy. An Athletic Trainer will be in attendance.

Full Camp Details: <https://ballstatewomensbasketballcamps.totalcamps.com/About%20Us>

Contact Our Camp Director: Cassandra Morrisette – [Cassandra.morrissett@bsu.edu](mailto:Cassandra.morrissett@bsu.edu) | 440-714-1267

Name: \_\_\_\_\_ T-shirt Size (circle one) YS YM YL YXL S M L XL

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Home or Cell Phone #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Grade Next Year: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

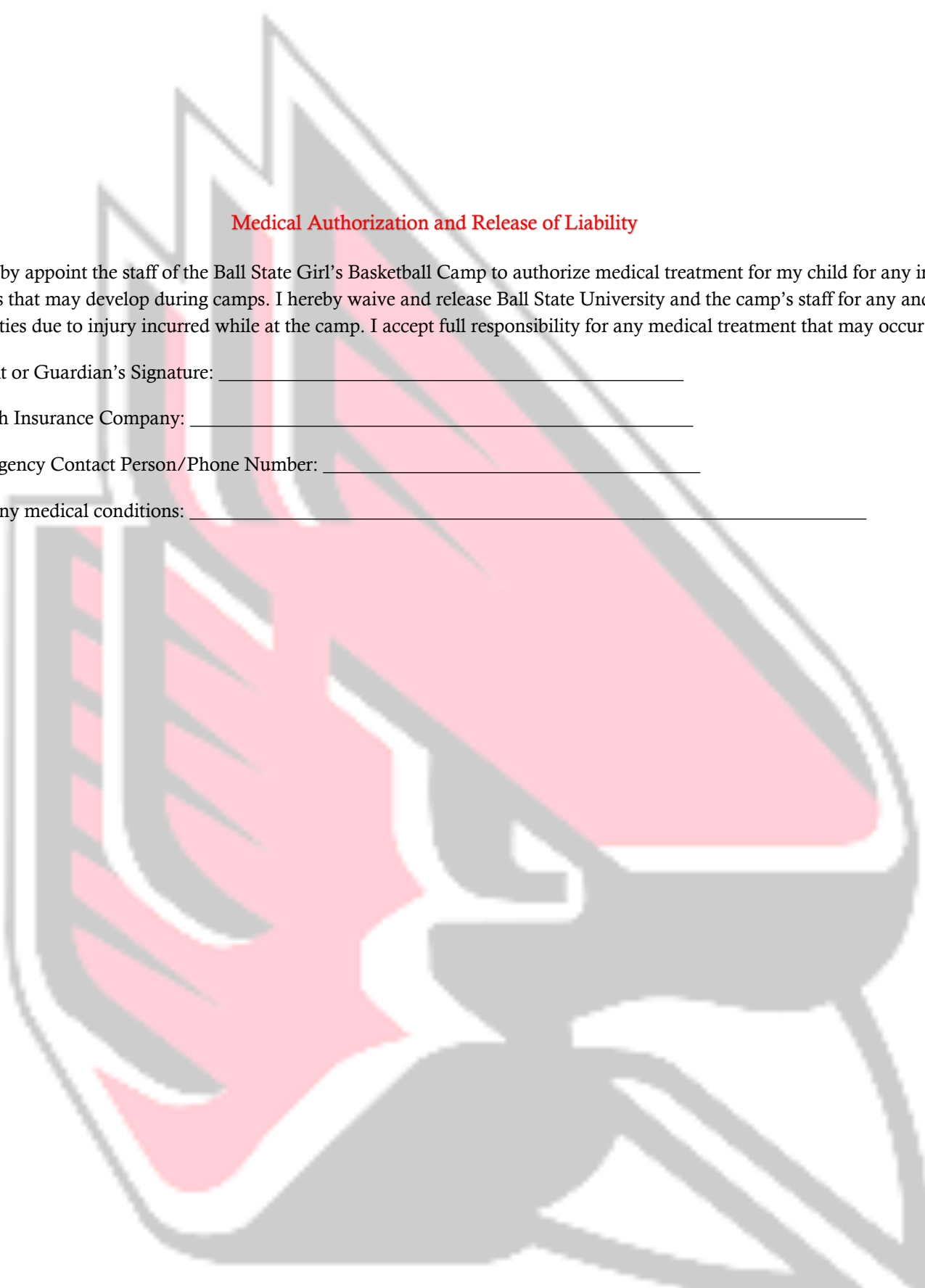
School Name: \_\_\_\_\_

AAU Team: \_\_\_\_\_ Position Played (if applicable) \_\_\_\_\_

**Mail this form with payment to:**

Ball State Girl's Basketball Camp  
2000 University Avenue HP 134  
Muncie, IN 47306

**See reverse side for Medical Authorization and Release Liability Form**



### Medical Authorization and Release of Liability

I hereby appoint the staff of the Ball State Girl's Basketball Camp to authorize medical treatment for my child for any injury or illness that may develop during camps. I hereby waive and release Ball State University and the camp's staff for any and all liabilities due to injury incurred while at the camp. I accept full responsibility for any medical treatment that may occur.

Parent or Guardian's Signature: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Emergency Contact Person/Phone Number: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_