



Camosun College Chargers MEN'S BASKETBALL PLAYER IDENTIFICATION CAMP

Friday – Sunday, April 20 - 22/2012
Pacific Institute for Sports Excellence
Camosun College Interurban Campus

PURPOSE

To identify Chargers Men's Basketball Prospects for the 2012-2013 season and beyond.

WHY YOU SHOULD ATTEND

The Chargers Men's Basketball Program has the potential to develop into one of the top college teams in the country. With consecutive successful seasons and access to a state of the art facility, top strength and conditioning training and professional sport medicine services, it is an exciting time to join the Camosun College Chargers program!

WHO IS INVITED

Any male athlete with player eligibility remaining.

TIMES

Friday, April 20

5:00 – 8:00 pm

-Fitness drills, individual drills and 1 on 1 drills

Saturday, April 21

12:00 – 5:00pm

-Team drills, full court 2 on 2 / 3 on 3 drills and scrimmage

Sunday, April 22

11:00 – 1:00 pm

-Scrimmage and question/answer about Camosun's program

COST

FREE! With prior registration - \$10 registration fee at the door on Friday. ***All sessions are mandatory.*** Remember to bring your basketball shoes, ball and a lunch!

WHAT YOU NEED TO DO

Complete the registration form and email, fax or post the information to the Chargers Athletics Office before **Wednesday, April 18.**

MORE INFORMATION & CONTACT

Chargers Athletics Office – PISE 118
4371 Interurban Rd
Victoria, BC
V9E 2C5

Nicole Wagner - Secretary
Phone: 250 220 2507
Fax: 250 220 2502
Email: wagnern@camosun.ca

The Camosun College Chargers official host hotel has offered the special rate of \$79/night + taxes for the Men's Basketball ID Camp (April 20-22, 2012). For reservations, **either call 1-800-663-0298 or Accent Inns Victoria directly at 250-475-7500 and ask for "Camosun Basketball Camp Rate."**



MEN'S BASKETBALL PLAYER IDENTIFICATION CAMP

PLAYER REGISTRATION FORM

Name: _____ School: _____ Grade: _____

Home Address: _____ Height: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Coach's Name: _____ Coach's Phone: _____

Coach's Email: _____ Preferred Position: _____

WAIVER AND MEDICAL RELEASE

I acknowledge participation in basketball and competitive athletics has an inherent risk. I certify the athlete named above is in good health and they are able to participate in the camp activities without limitation. I hereby authorize the directors and instructors of the Chargers Men's Basketball Identification Camp program to act for me according to her best judgment in any emergency requiring medical attention.

I hereby agree not to sue and to waive the coaches and the directors of the Chargers Men's Basketball Identification Camp, Camosun College, the PISE facility and Board and any guest coaches or presenters from any and all liability which may arise from my child's participation in this program, including playing in the sessions and while travelling to and from these events. I acknowledge I am responsible for any and all medical expenses incurred due to my child's illness or injury during her participation in this program.

We agree to follow all the coaches' reasonable rules and instructions for the duration of this Chargers Men's Basketball Identification Camp program.

PARENT / GUARDIAN / ATHLETE (if over 19) SIGNATURE:

DATE: _____