



## Camosun College Chargers WOMEN'S BASKETBALL PLAYER IDENTIFICATION CAMP

**Friday – Saturday, April 13 - 14/2012**  
**Pacific Institute for Sports Excellence**  
**Camosun College Interurban Campus**

### **PURPOSE**

To identify possible Chargers Women's Basketball Prospects for both the 2012-2013 and the 2013-2014 seasons.

### **WHY YOU SHOULD ATTEND**

The Chargers Women's Basketball Program has the potential to develop into one of the top college teams in the country. With four 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 present grade 11 and grade 12 high-school player and any other female athlete with player eligibility remaining.

### **TIMES**

#### **Friday, April 13**

6:00 – 8:30 pm

-fitness drills, individual offence and defence drills and scrimmage

#### **Saturday, April 14**

10:00 – 12:00 noon

-positional drills, individual drills, full court 2 on 2 / 3 on 3 drills

1:00 – 3:00 pm

-team drills, scrimmage and question/answer about Camosun's program

### **COST**

**FREE!** Just 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 Head Coach Brett Westcott before **Wednesday, April 11.**

### **MORE INFORMATION & CONTACT**

Brett Westcott  
#441-40 Gorge Road West  
Victoria, BC  
V9A-1L8

H: 250-388-9807  
W: 250-479-8271  
FAX: 250-388-9507  
EMAIL: [westcott@shaw.ca](mailto:westcott@shaw.ca)



## WOMEN'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 Women'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 Women'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 Women's Basketball Identification Camp program.

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

\_\_\_\_\_

DATE: \_\_\_\_\_