



2019 PITT WOMEN'S BASKETBALL CAMP

- _____ Day Camp June 17-20 - \$325 per camper
- _____ ELITE Camp June 21 - \$50 per session or \$100 both sessions
- _____ TEAM Camp June 22-23 - \$450 (2 days) or \$250 (1 day)

Registration for ALL Camps can also be filled out online at PITTSPOORTSCAMPS.COM

OR

Submit this form completed and signed by the appropriate individuals and send to Pitt Women's Basketball

Make Checks Payable to: University of Pittsburgh

Camper's Name: _____
 Date of Birth: _____ Age at Camp: _____ Grade Entering: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 T-Shirt Size: _____ Position: _____
 School: _____ Coach: _____

Parent/ Guardian's Name: _____
 Email: _____
 Home Phone: (_____) _____ Cell/Work Phone: (_____) _____
 Emergency Contact: _____ Emergency Phone: (_____) _____
 Insurer's Name: _____
 Family Medical Insurance Co. _____
 Insurer's Agent Name: _____
 Address of Insurance Co. _____
 Policy #: _____ Family Physician: _____

MEDICAL INFORMATION:

Date of their last physical (must be within the past year): _____
 Has a doctor or medical provider cleared the camper for participation in athletic activities? (circle one) Yes/No
 Name of the doctor or medical provider who provided clearance: _____
 Does the camper have any pre-existing injuries? (circle one) Yes/No
 If yes, what? _____
 Is the camper on any medication? _____
 Does the camper have any allergies? _____
 Is there any medical background that the training staff should know about the camper? (circle one) Yes/No
 If yes, what? _____

PARENTAL CONSENT:

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in rigorous physical activity. The undersigned hereby expressly agrees to be responsible for any medical bill incurred in the treatment of any illness or accident. In the event of any such injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent. I understand that as a condition of admittance as a camper, the undersigned on behalf of all parents and guardians, and on behalf of the applicant, hereby releases the Pitt Women's Basketball Camp, The University of Pittsburgh, Lance White, and all other employees or agents of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp unless caused by willful or gross negligence by the person or entity whom the claim is made.

Parent/Guardian Signature: _____ Date: _____

Please mail to: PITT WOMEN'S BASKETBALL • 3719 TERRACE STREET • PITTSBURGH, PA 15261