

# 2009 SWOSU BASKETBALL FUNDAMENTAL CAMPS



## SESSION I

Dates & Time: July 27-30, 9:00 am - noon

Ages: Kindergarten through 6th grades (grade just completed)

Site: SWOSU Wellness Center      Cost: \$100.00/camper

## SESSION II

Dates & Time: July 27-30, 1:00 pm - 4:00 pm

Ages: 7th through 12th grades (grade just completed)

Site: SWOSU Wellness Center      Cost: \$100.00/camper

For more information contact Kelsi Bond or Charlie Schaeff

[kelsi.bond@swosu.edu](mailto:kelsi.bond@swosu.edu) or [charlie.schaeff@swosu.edu](mailto:charlie.schaeff@swosu.edu)

580/816-0133 or 580/816-0134

---

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade (just completed): \_\_\_\_\_  
School: \_\_\_\_\_

CAMP SESSION (circle one) : SESSION I (July 27-30)    SESSION 2 (July 27-30)

T-SHIRT SIZE (circle one) : Youth: S M L      Adult: S M L XL

### Liability/Insurance Statement

I hereby authorize the staff of SWOSU Basketball Camp to act for me according to their best judgement in any emergency requiring medical attention and I waive and release the camp from any/all liability for injuries incurred while at camp.

Parent/Legal Guardian Signature Date \_\_\_\_\_

Please list all previous health conditions the Camp staff needs to be aware of (i.e. asthma, concussions, allergies, injuries, etc.) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please return this portion along with payment to:  
**SWOSU Basketball Fundamental Camp**  
100 Campus Dr.  
Weatherford, OK 73096