



Awesome Hoops Camp

Presented by Shawnee Harle and Claire Mitton

University of Calgary coaches Shawnee Harle and Claire Mitton will be running a basketball camp like no other! You will receive expert coaching from both Shawnee and Claire as well as current, former and future Dinos players. This camp will be the “complete package” for player development, as you will learn important individual, team and game skills. However, what makes this camp unique is it also includes sessions on:

- 1) *nutrition*
- 2) *strength/core training*
- 3) *mental toughness training*
- 4) *video analysis of your skills*

This camp is open to both ***boys and girls*** in grades 6 through 12. Last year the camp sold out so get your registration in early to avoid disappointment!

When: July 12 – 15, 2010 (Monday – Thursday)
Time: 9:00 a.m. – 4:00 p.m.
Where: Masters Academy, 4414 Crowchild Trail SW, 242-7034
Cost: \$230.00 – Cheques made payable to Happening Hoops
(There is a \$20.00 cancellation fee and a \$15.00 charge for NSF cheques)

BRING A LUNCH, NOTEBOOK, WATER BOTTLE, AND A BASKETBALL WITH YOUR NAME ON IT!!

For more information contact: Claire Mitton at 220-2944 hmitton@ucalgary.ca
 Shawnee Harle at 990-7429 harle@ucalgary.ca

-----Cut here and return the bottom portion with your payment and consent form -----

Name: _____ **Phone:** _____ **Height:** _____

Address: _____ **Gender:** (circle one) **M F** **Grade:** _____

Postal Code: _____ **Tshirt Size:** Adult: **S M L XL** (circle one)

Email: _____ Youth: **S M L XL** (circle one)

***registration must be received no later than June 30 in order to receive a tshirt.**

List any allergies/medical conditions: _____

Enclose your cheque, registration, consent form and mail to:
H. Claire Mitton
P.O. Box 19, 305 – 4625 Varsity Drive NW
Calgary, Alberta T3A 0Z9

Awesome Hoops Camp and It's Employees

INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

WARNING: By signing this document you indicate that you understand the risks associated with this activity, you are aware that by allowing your child to participate in the activity you are exposing her to the risks identified below. It gives Awesome Hoops Camp and its employees the authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

TO: **AWESOME HOOPS CAMP**

CHILD'S NAME: _____

PARENTS/GUARDIANS NAME: _____

ADDRESS OF GUARDIAN/ PARENT: _____

Emergency Phone Number: _____

1. I am aware that by allowing my child to participate in Awesome Hoops Camp, I will be exposing her to the following inherent risks, including but not limited to:

GENERAL

- theft, vandalism or loss of personal property;
- any manner of injury resulting from use, misuse, or failure of equipment;

BASKETBALL

- impact with obstructions, other participants, referees or spectators, game or training equipment (which may include balls or other apparatus), visible or non-visible;
- potential for bone and muscular skeletal injury, such as sprains and strains;
- episodes of light headedness, fainting, chest discomfort, leg cramps and nausea;
- an increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack.

I have explained the risks associated with this activity to my child and she understands the risks.

2. Awesome Hoops Camp and its employees may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.
3. I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the instructors.
4. I agree to HOLD HARMLESS AND INDEMNIFY Awesome Hoops Camps and its employees from any and all liability for any damages to the property of, or personal injury to, any third party resulting from my child's participation in this activity.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THAT AWESOME HOOPS CAMP AND IT'S EMPLOYEES MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Signed this ____ day of _____, 2010 Signature of Parent/Guardian _____

Witness Signature _____ Witness Name (please print) _____

Witness Address _____ Witness Telephone # _____