

REGISTRATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: _____ Birthdate: _____ M/F: _____

Grade (Fall 2011): _____ School: _____

Email: _____

T-Shirt Size (Please circle one):

YS YM YL S M L XL XXL

Please read and sign the medical consent form and waiver on the back side of this form.

I have read and signed the form

Registration Fee (please check one)

Camp 1 (May 30-June 2)

Standard Registration - \$250

Standard w/ daily lunch - \$282

Camp 2 (June 6-9)

Standard Registration - \$250

Standard w/ daily lunch - \$282

Both Camps (May 30-June 2; June 6-9)

Standard w/ daily lunch - \$400

* Lunch may also be purchased on a day-to-day basis (\$10)

* All you can drink Gatorade during the week is available (\$10)

Scholarships are available. Discounted rates for military, group, teams, families and UH faculty and staff (please inquire).

VISA/MASTERCARD ACCEPTED (CALL FOR DETAILS)

Make checks payable to: **University of Hawai'i**

Please return application and full payment to:

**Rainbow Warrior Basketball Camp
1337 Lower Campus Road
Honolulu, HI 96822**

(Refunds will have a \$35 administrative fee)

Deadline: Limited space available. All applications & payment must be postmarked by Wednesday, May 25, 2011 (Camp 1) and Wednesday, June 1, 2011 (Camp 2).

**For more information contact Benjy Taylor at:
(808) 956-6501 or obtaylor@hawaii.edu**

Detach form here



Rainbow Warrior Basketball Camp
1337 Lower Campus Rd.
Honolulu, HI 96822



RAINBOW WARRIOR BASKETBALL CAMP 2011

MAY 30-JUNE 2, 2011

JUNE 6-9, 2011

HAWAII BASKETBALL CAMP.COM

CONTACT BENJY TAYLOR

(808) 956-6501 or obtaylor@hawaii.edu

WE ARE... CHAMPIONS!



Gib Arnold, Head Coach

- ▶ First-year head coach led UH to 19 wins, Rainbow Classic Championship and team's first postseason appearance in seven years
- ▶ Has conducted more than 50 camps in nine countries and is committed to teaching basketball to youth around the world
- ▶ Nearly 15 years of Division I coaching experience
- ▶ Posted a 54-17 record as head coach of the College of Southern Idaho
- ▶ Has coached 13 NBA players, including two 2009 first-round draft picks
- ▶ Former Gatorade Player of the Year at Punahou School
- ▶ Gib and his wife Lisa are the proud parents of five children

Camp Highlights:

- ▶ Special guest speakers
- ▶ Outstanding camp staff, including current and former UH players
- ▶ Team tournament competitions
- ▶ Individual competitions, including 1-on-1, "Hot Shots" and more!
- ▶ Written individual evaluation by camp coach
- ▶ Highlight tapes and other entertainment
- ▶ Camp t-shirt
- ▶ Awards Ceremony

What To Bring:

- ▶ Basketball shoes & clothing
- ▶ Positive attitude and competitive spirit!

Location:

- ▶ Stan Sheriff Center, Gym 1, Gym 2, Klum Gym

Questions:

- ▶ Please email Benjy Taylor at: obtaylor@hawaii.edu or call (808) 956-6502

Camp Confirmation:

- ▶ An email will be sent notifying you of your enrollment in the camp.

2011 RAINBOW WARRIOR BASKETBALL CAMP

The University of Hawai'i Rainbow Warrior Basketball camp is designed for boys and girls looking for a learning environment where they will be taught the fundamentals as well as participating in games and competitions. This camp will provide a mixture of competition, instruction, exposure and fun following the UH basketball curriculum.

CAMP INFORMATION

- For:** Boys and girls ages 6 through 17
- When:** May 30-June 2, 2011 (4 days); 9:00 am to 3:00 pm
June 6-9, 2011 (4 days); 9:00 am to 3:00 pm
- Where:** Stan Sheriff Center, Klum Gym, Gym 1 & Gym 2
- Registration fee:** \$250
- Note:** Check in at the Stan Sheriff Center (parking lot entrance) a half-hour before sessions start

CONTACT BENJY TAYLOR
(808) 956-6501 or obtaylor@hawaii.edu



**CURRENT AND FORMER PLAYERS WILL SERVE
AS CAMP COUNSELORS**

UNIVERSITY OF HAWAII' ASSUMPTION OF RISK AND RELEASE AND MEDICAL CONSENT FORM

Name of Child (Last Name, First Name, Middle Initial):

Program: Rainbow Warrior Basketball Camp
Dates of Camp: May 30-June 2, 2011; June 6-9, 2011

ASSUMPTION OF RISK AND RELEASE & MEDICAL CONSENT FORM

I certify that the above named child is in good physical health and able to participate in the Rainbow Warrior basketball camp presented by the University of Hawai'i, which is scheduled for the above dates. I understand and acknowledge the dangers and risks involved in my child's participation in the camp which include, but are not limited to, minor injuries such as bruises, lacerations, strains, and sprains, over exertion injuries (such as heat stroke, cardiac arrest or respiratory arrest), broken bones or dislocations or the possibility of permanent disability and death, as well as property loss and severe social and economic loss. The dangers and risks may be caused by, but are not limited to: (a) the actions, omissions or negligence of the instructors, sponsors, participants, volunteers, spectators; (b) conditions of the premises and/or equipment used; (c) temperature and/or weather; (d) conditions of other participants.

I understand that my child should have his/her own private medical and liability insurance coverage if they intend to participate in the camp, and that the University of Hawai'i does not provide insurance for my child and will not be financially responsible for my child or indemnify my child with respect to injuries or liabilities arising out of my child's participation in the camp.

The camp will attract media coverage. My child may be photographed and/or video taped while participating in the camp, and the photograph and/or video tape may appear in print media and/or live or replay telecast. I therefore grant my permission for my child to be photographed and/or appear in a telecast of the camp if my child participates in the camp.

In consideration of my child being permitted to participate in the camp, I agree to assume all risks of injury and loss resulting from my child's participation in the camp. I read and understand all written materials setting forth the requirements for my child's participation, and understood all oral instructions, and my child will strictly observe them during his/her participation. Most importantly, for myself, my heirs, executors, and administrators, I accept full responsibility for my child's participation in the camp and I agree to indemnify, release and discharge the University of Hawai'i, State of Hawai'i, and its officers, employees, agents and assigns from any and all liability, claims, demands or actions for property damage, personal injury and/or death arising or resulting from or caused by any acts or omissions by child or others during my participation in the camp.

I also consent to, and authorize any medical professional and others working under their supervision to treat my child for any injury or illness arising from or related to my child's participation in the camp, and agree to pay any and all medical expenses, costs and other charges, and to indemnify, release and discharge the University of Hawai'i, State of Hawai'i, and its officers, employees, agents and assigns from any and all liability, claims, demands or actions arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact: _____ **Phone:** _____

Second Person to Contact: _____ **Phone:** _____

Physician to Contact: _____ **Phone:** _____

Signature of Parents/Guardian(s): _____ **Date:** _____

Print Name(s): _____