

UNIVERSITY OF HAWAII
1337 LOWER CAMPUS ROAD
HONOLULU, HAWAII 96822



2011

UNIVERSITY OF HAWAII



CAMP

JUNE 10, 11, 12



ASSUMPTION OF RISK & RELEASE AND MEDICAL CONSENT

NAME OF CHILD: _____
(LAST NAME, FIRST NAME, MIDDLE INITIAL)

I, the undersigned, certify that the above child is in good physical health and is able to participate in the UH WAHINE BASKETBALL CAMP presented by the University of Hawai'i, which is scheduled for June 10-12, 2011. I, also understand and acknowledge dangers and risks involved with 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 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 he/she intends 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.

SIGNATURE OF PARENT(S) / GUARDIAN(S)

DATE

PRINTED NAME(S)

IN CASE OF EMERGENCY:

1. CONTACT: _____ PHONE: _____

2. CONTACT: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

**UNIVERSITY OF HAWAI'I
RAINBOW WAHINE BASKETBALL
SUMMER CAMP**

University of Hawai'i Rainbow Wahine Basketball Head Coach Dana Takahara-Dias invites you to our 2011 Summer Camp.



"Please join me along with the Rainbow Wahine Basketball coaching staff, current & former players, as well as notable guest speakers for a fun-filled and exciting 3-day camp."

SESSION 1:

- For boys and girls ages 5-12 years old
- June 10, 11, 12, 2011
- 8:00 am - 12:00 pm

SESSION 2:

- For boys and girls ages 13-18 years old
- June 10, 11, 12, 2011
- 1:00 pm - 5:00 pm

CHECK-IN:

- Each camper must check-in at the Stan Sheriff Center on the first day of camp between 8:00 am - 8:30 am for the morning session or 1:00 pm - 1:30 pm for the afternoon session.

WHAT TO BRING:

- Water bottle
- Towel
- Proper clothing and basketball shoes
- Athletic tape if necessary

CANCELLATION POLICY:

- If a camper cancels for any reason, a fee of \$35 will be assessed.

CAMP COUNSELORS:

- Rainbow Wahine Coaching Staff
- Current Players
- Former Players
- Experienced high school & club coaches



HIGHLIGHTS:

- Provide fundamental instruction with basketball specific drills
- Daily competitions
- Daily guest speakers
- 1-on-1 half court mini games through 5-5 full court games
- Information on academics and NCAA Eligibility Center Requirements
- Tour of our top-notch facilities
- Low coach to camper ratio
- Free camp basketball
- Free camp t-shirt
- Autograph Session

FACILITIES:

- Stan Sheriff Center
- Gym 1
- Klum Gym

For more information, please contact:
Coach Margot, uhwbksb@hawaii.edu, (808)956-2710

CAMP REGISTRATION FORM

Last Name First Name Middle Initial

Parent / Guardian's Last Name, First Name

Mailing Address

City State Zip

Home Phone Number Cell Phone Number

Email Address (Necessary to receive confirmation of registration)

Grade in School (2011-2012) School

Date of Birth Age

DATES	TIMES	AGE GROUP	COST	"X"
June 10 - 12	8:00 am - 12:00 pm	Boys & Girls 5-12 yrs old	\$125	
June 10 - 12	1:00 pm - 5:00 pm	Boys & Girls 13-18 yrs old	\$125	

T-Shirt Size (Please circle one):

Youth: S M L or Adult: S M L XL XXL

Check #: _____ Amount \$ _____

Please make checks payable to:

University of Hawai'i - Rainbow Wahine Basketball Camp

On registration day, cash ONLY

Please mail detached application, Assumption of Risk & Release & Medical Consent Form and Check to:

University of Hawai'i Rainbow Wahine Basketball Camp
1337 Lower Campus Boad, Honolulu Hawai'i 96822