



2017 CATAWBA WBB TEAM CAMP

ANGIE MORTON WBB HEAD COACH, CAMP DIRECTOR

Dates: June 25-27

Cost: Resident Camper \$230 (lost keys cost \$20.00 and is not included in price)

Day Camper \$130 with lunch \$100.00 with out lunch **\$50 deposit is required per each player by June 1st.*

Three Divisions: Middle School, Junior Varsity, Varsity

Coaches' Benefits: Stipend, free room and board for head coach, access to Catawba WBB Coaching materials (DVD's, playbooks, etc.) All Coaches will be hired as an "Independent Contractor: and will be issued a 1099 Misc. Form. The college requires a background check of all coaches. We will contact you prior to camp regarding the process and requirements.

Awards in Each Division: tournament winner, 3pt shooting contest

Meals and Housing: All meals are served by Chartwell's in Catawba's Dining Facility. First meal will be lunch on Sunday. All housing is in air conditioned college dormitories. Resident campers will need to provide own linens (sheets, pillow, pillowcase) for single beds, towels and personal toiletry articles.

Time of Arrival and Departure: Campers should arrive on Sunday morning between 8:00-9:45 Coaches meeting will be at 10:00 and games will start immediately following meeting. The camp will end on Tuesday following single elimination tournament.

Health Care & Insurance: Qualified sports medicine specialists will be available at all times to treat athletic injuries. Players can receive treatment at all sessions and taping will be available, if tape is supplied. Each participant will be covered by secondary insurance while attending the camp. The insurance provides coverage secondary to the individual's family policy. Individual responsible for amount of deductible.

NOTE: A PHYSICAL EXAMINATION IS REQUIRED BY ALL PARTICIPANTS. BRING THE DOCTOR'S EXAMINATION REPORT ON THE FIRST DAY OF THE CAMP SESSION.

Any Additional Questions: Email Angie Morton at acmorton@catawba.edu or call (704)637-4471 or Terrence Baxter at tlbaxter13@catawba.edu or call 704-650-9258.

GAMES PLAYED ON 3 NEW WOODEN FLOORS!!!!

Catawba Girls Basketball Team Camp 2017 Registration

Name _____ Age ____ Grade _____
School _____ Adult T-shirt size _____
Home Address _____
Parents Names _____ Phone (____) _____
Circle one: Resident Camper or Day Camper

Deposit enclosed _____ Payment in full enclosed _____
(Make checks payable to Angie Morton, Camp Director)

FOR THE PARENT TO COMPLETE: I certify that the applicant is in good health and may take part in the full camp program. Following if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information. By my signature below, I hereby authorize the camp physician to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc., in case of an accident or health emergency involving my daughter, with the understanding that the camp director will contact me or the designated person as soon as possible. (Required by insurance and area hospitals). I acknowledge that my daughter is applying to this camp and give my approval to this application and to the provisions stated above.

Parent's Signature _____ Date _____
Person to be contacted during camp, in case of emergency:

Name _____ Relationship _____

Day Phone _____ Night phone _____

Waiver Statement

All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent and or guardian of the camper.

Camper's Insurance Co. _____

Insurance Address/Phone _____

Policy No. _____

Physical examination is required for all participants and due on the first day of camp.