
GCU WOMEN'S BASKETBALL

2018 TEAM CAMP

GCU Elite Camp is open to all girls entering 9th-12th grade

June 8 - 10 | All team registration due before May 28
OPEN TO ALL FRESHMAN, JV, VARISTY AND TRAVEL TEAMS

Please make checks payable to: GCU Women's Basketball, Memo: Team Camp

CAMP MAILING ADDRESS

GCU Women's Basketball
Attn: Merideth Marsh; Bldg 2
3300 W. Camelback Road
Phoenix, AZ 85017

CAMP DIRECTOR

Merideth Marsh
602-558-5809
Merideth.Marsh@gcu.edu

UNIVERSITY POLICE

602-639-8100

THREE-DAY CAMP

\$400 flat rate

6 game guarantee

No meals included

Camp T-shirt included

Check-in one hour before first game

No refunds after May 28

CAMP INFORMATION

- Coaches: Send in checks, roster, and form below no later than May 28. Bring documentation of your players' physicals to keep with you in case of an injury.
- Players: At registration, please provide the GCU medical forms found on the WBB Camp website.
- The form below is mandatory for any player who participates in camp. If a player does not have the forms or if they are not filled out correctly, the player cannot participate in camp.
- Check-in will be one hour before your first game at the Lopes Performance Center on June 8.
- Hotel arrangements can be made at our GCU Hotel (844-683-5428) under GCU Women's Basketball Team Camp.
- Snacks will be available for purchase (CASH ONLY).

**You can register your school online at gcuwomensbasketballcamps.com
(processing fee will apply). You can also send the link to your players and have them
register and download/upload documents.**



WOMEN'S BASKETBALL

2018 TEAM CAMP

School Name: _____ Head Coach Name: _____

School Address: _____

City: _____ City: _____ Zip: _____

Email Address: _____ Head Coach Cell #: _____

T-shirt Sizes/Quantity: S _____ M _____ L _____ XL _____ 2XL _____ Competition Level: Varsity _____ JV _____ Freshman _____ Travel _____

Special Scheduling Request: _____

MANDATORY SIGNATURE

2018 GCU Women's Basketball TEAM CAMP and Grand Canyon University care deeply about the safety and welfare of the children while on its campus. As the coach, you are solely responsible for the supervisions, oversight and protection of the participants while on Grand Canyon University property. By signing, you agree to the terms set forth above.

Signature

TEAM ROSTER (NAME AND NUMBER)

1: _____

8: _____

2: _____

9: _____

3: _____

10: _____

4: _____

11: _____

5: _____

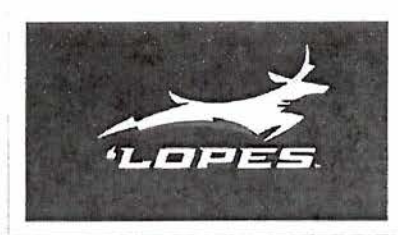
12: _____

6: _____

13: _____

7: _____

14: _____



Camp Liability Waiver, Permission to Treat, Permission to Photograph

Participants Name (please print) _____

Liability Waiver

I hereby acknowledge that participation in the camp and related activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into camp, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge GCU Sports Camps, the Board of Trustees of Grand Canyon University, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage, and the consequences therefore resulting in the registrants participation in or involvement with this camp or presence on University property, including any failure or equipment or defect on the premises, except to the extent caused solely by the willful and wanton conduct of the university or GCU Sports Camps.

Signature _____ **Date:** _____
(Parent / Guardian or Attendee if 18 years old)

Permission to Treat:

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care is provided. I understand that an athletic trainer will be in attendance at all GCU Camps, to provide initial medical treatment. I understand that this trainer will be rotating between gyms and may not be present to witness an injury that may occur to my child. I further understand that in case of serious illness / injury, I will receive notification. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I approve the release of medical information pertinent to my child's care from the hospital staff to the Grand Canyon University Sports Medicine Staff.

_____ (initial) I approve the release of insurance information to the health care provider

_____ (initial) I approve the health care provider to release information to the insurance company.

_____ (initial) I approve that benefits from insurance are payable to the health care provider.

I verify the above information is correct to the best of my knowledge.

Signature _____ **Date:** _____

Permission to give Acetaminophen Yes _____ No _____ Permission to give Ibuprofen Yes _____ No _____
(initial) (initial)

Permission to Photograph

As the parent / guardian of the above named athlete, I (check one) GIVE _____ DO NOT GIVE _____ GCU Athletic Camps permission to photograph my child, _____ while attending GCU Sports Camps.

I further grant GCU Sports Camps permission to use my child's photograph for camp purposes, including but not limited to promotions, presentations and advertising purposes. Yes _____ No _____

Signature: _____ **Date:** _____

Grand Canyon University
Athletic Camp/Clinic Sports Medicine Information Sheet

Section A-D: To be filled out by parents (please print/type)

Section A:

Name of Participant: _____ Name of Camp attending: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Please provide the following medical information for your child:

Primary Emergency Contact

Name _____
Relationship _____
Phone Number _____

Secondary Emergency Contact

Name _____
Relationship _____
Phone Number _____

List any allergies:

Is the camper allergic to any medication? _____
If yes, please explain reaction: _____

Is the camper under the care of a physician or taking any medications? _____
If yes, please explain which medication and for which condition: _____

Does the camper have any of the following frequently or is he/she a victim of any of the following:
____ Nosebleeds ____ Stomach Cramps ____ Epilepsy ____ Heart Condition
____ Diabetes ____ Seizures

****No medication will be administered or dispea**

Parent's/Guardian Signature: _____

Family Physician's Name: _____

Physicians' Phone number: _____

GCU Athletic Summer Camp
CONSENT FOR MEDICATION ADMINISTRATION

Camper Name _____

To The Parent(s) or Legal Guardian:

If your child is under the age of 18, the GCU athletic summer camps requires your consent for medication administration or for your child's use of medical devices. The medication prescribed, non-prescribed/over the counter medicine, and/or medical device must be administered by the camp athletic trainer.

All medications must be in the original or separate medicine bottles and labeled with the camper's name. Prescription medication(s) must also include on the label the doctor's name and phone number, the medication name, and the dosage.

Complete the following information by **initialing** A, and/or B:

_____ A. There will be NO prescription medication(s), non-prescription(s) and/or medical devise(s) brought to camp.

_____ B. There will be the following **PRESCRIPTION** medication(s) and/or medical devise(s) brought to camp (use back of this form if needed).

Name of Medication	
Condition	
Dosage	
Time/Days to be Taken	
Prescribing Doctor	
Doctor Phone Number	
Special Instructions	

If the camper's medication is for life-threatening conditions and needs to be carried by the camper, please initial below and see the Camp Director at the check-in counter to confirm the medication plans.

_____ The medication listed above for life threatening conditions may be carried by my child (age 15 and under). Please list life threatening condition below.

ALL PARENTS/GUARDIANS **must** sign below that they have read the medication administration form and have completed it.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Phone Number: _____