

DRURY WOMEN'S BASKETBALL TEAM CAMP 2019



June 16-18th

Team Camp Registration Form

Contact Information

Circle one: VARSITY JV

Head Coach's Name: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Assistant Coach's Name: _____

School: _____

School Address: _____ City _____ State _____

School Phone: _____

Game Information

Please check the day(s) you wish to play and indicated the number of games you want for each day

SUNDAY, June 16th Number of Games: _____ X \$55.00 = \$ _____

MONDAY, JUNE 17th Number of Games: _____ X \$55.00 = \$ _____

TUESDAY, JUNE 18th Number of Games: _____ X \$55.00 = \$ _____

Special requests for game times (not all requests can be accommodated, it will be based on a first come first serve basis):

**We are asking for advanced payment to the camp by June 1st, in the form of cash or a school cut check. The first day of camp we will accept cash only at registration (no personal checks from players at registration).*

Payment can be sent to: Drury Women's Basketball Attn: Coach Buck Scheel 900 N. Benton Springfield, MO 65802

➔ If your team is staying on campus, please fill out the "Team Camp Housing Form"



DRURY WOMEN'S BASKETBALL TEAM CAMP 2019

Names of Players Attending Camp:

(Minimum of 8 players recommended)

(1) Full Name: _____

(2) Full Name: _____

(3) Full Name: _____

(4) Full Name: _____

(5) Full Name: _____

(6) Full Name: _____

(7) Full Name: _____

(8) Full Name: _____

(9) Full Name: _____

(10) Full Name: _____

(11) Full Name: _____

(12) Full Name: _____

(13) Full Name: _____

(14) Full Name: _____

(15) Full Name: _____

Return via Email or Mail:

Drury Women's Basketball Attn: Coach Buck Scheel 900 N. Benton Springfield, MO 65802

Buck Scheel - jscheel@drury.edu

****EACH CAMPER MUST FILL ONE OUT BEFORE PARTICIPATING****

Camper's Contact Info

Name: _____ Cell Phone: _____ T-
Shirt Size: _____ Grade Next Fall: _____ School: _____ Email:

Birth Date (mm/dd/yy): _____

Allergies: _____

Is camper presently on any medication (if yes, please specify)?

List any restrictive physical limitations: _____

Date of last physical: _____ Copy of physical included (please circle) YES NO

Emergency Phone Numbers:

Contact #1: _____ Relationship: _____ Phone Number: (____) _____

Contact #2: _____ Relationship: _____ Phone Number: (____) _____ Medical
Insurance Information:

Company Name: : _____ Policy Number: _____ Name
the Policy is under: _____

Waiver and Release

I/We, the undersigned, for ourselves, our heirs, executors, and administrators waiver, release and forever discharge Drury University and the Drury Women's Basketball Camps, its staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in camp activities or arising from traveling to or from the camp, whether said damages, injury or loss is due to negligence or not.

Medical Release Form

I/We hereby grant permission to Drury University, its physicians and athletic trainers to render aid, treatment, and medical care deemed reasonably necessary to the health and well-being of my daughter while in attendance at the Basketball Camp.

Parent or Guardian's Signature/Date _____

