UTPB Girls Basketball Camp

AGES:
Entering 5th—Entering 9th grade

DATES:
- May 29th: 10:00-4:00pm
- June 19th: 10:00-4:00pm
- August 7th: 10:00-4:00pm

WHERE: UTPB Basketball Gym

COST: $75 per day

SPECIAL: $200 for all 3 days

*must pre-register

*STRONGLY encourage to pre-register, guaranteed a spot*

*CAMP IS CAPPED AT 100*

*BRING YOUR OWN LUNCH*

COVID:
We will be following CDC Guidelines:
- COVID Screening upon arrival—temp checks
  - Wear a mask!
- Bring your own water bottle

Daily Schedule
9:30-10:00 Drop off at UTPB Gym

Camp Summary: 10-4pm
- Form Shooting/Footwork
  - Ball Handling
- Post/Guard moves
- Lay-ups, Jumpers, 3’s

3:00-4:00 Games, relays, & live play

Why attend???
- Improve your basketball and leadership skills!
- Take home new drills and techniques to work on and improve!!!
- Campers meet players from other schools!
- College coaches run the camp!
- Have fun!

For more information about camp contact:
Coach Sam—UTPB Associate Head Coach
Brenner_s@utpb.edu - 432-552-2690
OR
Coach Torres—UTPB Assistant Coach
Torres_e@utpb.edu - (830) 486-4269

Head Coach, Rae Boothe
Coach Rae enters her 5th season as the Head Coach of the Falcons. In two of the four seasons, the Falcons have led the LSC in Steals. The team will bring back 13 returners and an exciting Freshman class. We are excited for our camps this summer. Each camper will get instruction from our coaching staff and some of our Student-Athlete’s. We want to help improve all campers skills and have a lot of fun! Come fly with us!
Camper:
Name: ______________________
Address: ______________________
City: ______________________ State: __ Zip: __________
Camper’s email: ______________________
Grade camper is in __________
School____________________________________

Emergency Contact:
Name: ______________________
E-mail: ______________________
Cell Phone: ______________________
Other Phone: ______________________

UTPB Liability Waiver
MUST be completed and signed

Medical Information:
Medical Insurance Co, ______________________ Policy Number ______________________
Family Doctor ______________________ Family Doctor Phone ______________________

Does the camper have any physical limitations? No  Yes (If yes, please list on a separate sheet of paper.)

I am the Parent/Guardian of the above participant, who is under eighteen years of age — or the participant who is eighteen years of age or older. I am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant’s health and/or his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and/or damage to property that may result from Participant’s negligent or intentional act or omission while participating in the described Activity.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for participant’s injury or death or damage to participant’s property that occurs while participating in the described activity and it obligates me to indemnify the parties named for any liability for injury or death or any person and damage to property caused by participant’s negligent or intentional act or omission.

________________________________________  __________________________  __________
Printed Name  Signature  Date

Emergency Phone: ______________________

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Check the camp that will be attended.

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Total amount due: $________

Payments: Check, cash, or Pay Online—Details coming soon.
Pre-registered: $75 per day or $200 for all 3 days
After Pre-registered date or at door: $75

Make checks payable to: UTPB Women’s Basketball
All checks must have a driver’s license number.

Return this form & payment to:
UTPB Women’s Basketball
4901 E University Blvd
Odessa, TX 79762

For day-of registration, please arrive at the UTPB Gym 30min before the camp start time.