ASSUMPTION OF RISK

I understand that participating in any Washington State University (WSU) sport camp can be a dangerous activity involving many risks of injury.

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the women's basketball camp activities, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, severe head, brain, neck or spinal injuries, paralysis, loss or use of arms and/or legs, eye damage, disfigurement, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the women's basketball camp activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

EMERGENCY MEDICAL RELEASE

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including women's basketball camp staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

NOTE: Minors may consent to certain services in Washington.

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the staff of women's basketball camp from decisions to seek emergency treatment.

Parent/Guardian Signature Date

Witness Signature Date

All athletes must have a non-returnable physical fitness statement from their physician upon arrival at the clinic/camp. A copy of this year's school physical is sufficient.

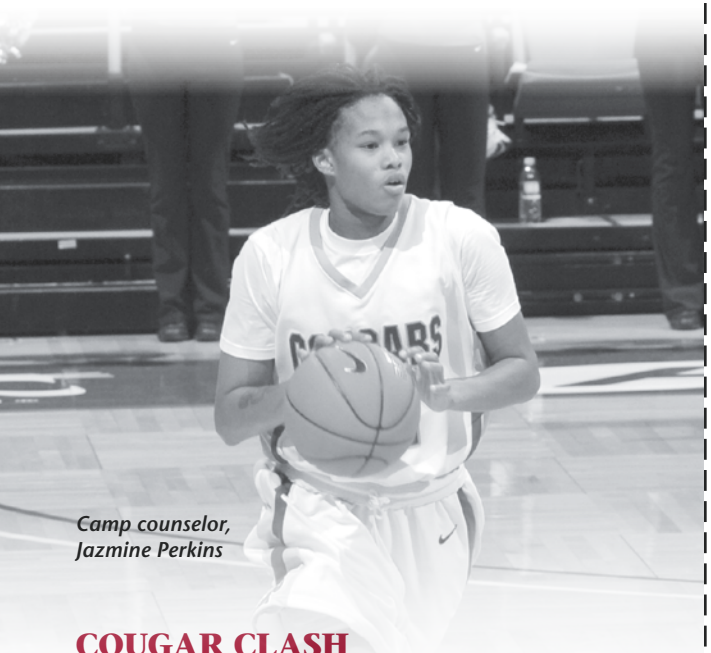
2/09 126992

WASHINGTON STATE UNIVERSITY
WOMEN'S BASKETBALL
Cougar Basketball Camp
Bohler Athletic Complex
Pullman, WA 99164-1602

2009
WASHINGTON STATE COUGAR
WOMEN'S BASKETBALL CAMP

STAFF INFORMATION

We are excited to welcome teams to our three day Cougar Clash High School Camp. Please join us for our three day camp which will guarantee great competitive play and skill development. The camp will be supervised by the Washington State University Women's Basketball Staff and Team to ensure a quality, unforgettable event. Washington State Women's Basketball Coaching Staff will be on hand teaching and evaluating the future college caliber players of tomorrow.



Camp counselor, Jazmine Perkins

COUGAR CLASH

June 28–30, 2009, 9:00 a.m.–6:00 p.m.
Check-in: 8:00-8:45 a.m. on June 28, 2009
Cost: $160
Grades: 9-12 High School and Club Teams Welcome
Nike DriFit, and T-shirt included
Lunch and dinner provided on Day 1
Breakfast, lunch, and dinner provided on Day 2
Breakfash and lunch provided on Day 3
Housing will be provided for July 29 and 30

We are proud to offer one of the finest, most knowledgeable and enthusiastic staff around! Our camps are dedicated to helping you develop your basketball skills so you can maximize your full on court potential. Developmental instruction and supervision will be led by many of the current WSU Women's basketball team and the Cougar coaching family including Head Coach June Daugherty, Associate Head Coach Mike Daugherty, Assistant Coach Brian Holsinger, Assistant Coach and Director of Camp operations Mo Hines, and Director of Basketball Operations Kate Werner.

CAMP APPLICATION

Camper's Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____

Name of School _____

Grade entering in the fall of 2008 _____

Age _____ Height _____ Weight _____

Parent's e-mail _____

Parent's or Guardian's Name _____ Relation to Camper _____

Daytime Phone Number _____ Evening Phone Number _____

Emergency Contact (Print) _____ Relation to Camper _____

Emergency Contact Phone Number _____

T- SHIRT SIZE*

Adult S M L XL XXL

CAMP	DATES	COST
❑ Cougar Clash Camp	June 28–30	$150

PAYMENT INFORMATION

❑ Check enclosed for $ _____
Make checks or money orders payable to: **WSU Athletics**

❑ Please charge $ _____ to my:
❑ VISA ❑ MasterCard

Credit Card # _____ Exp. Date _____

Transaction confirmed: terms of cardholder agreement are hereby incorporated by reference.

Name of Cardholder (Print) _____

Cardholder Signature _____

Please send application with payment to:
Women's Basketball Camp
Washington State University
220 Bohler Athletic Complex
Pullman, WA 99164-1602
Phone: 206-660-1244

$75 non-refundable deposit upon registration

ACCOMMODATION

If the camper requires accommodation of a disability, please contact Barb Russell, 509-335-5747 at least one month prior to camp.

PLAYERS MUST HAVE

In order to participate in camp players must have:

- Participant Health Form
- Emergency Medical Forms

E-mail coachhines@wsu.edu for forms.

INSURANCE INFORMATION

Primary Medical Insurance Company _____ Group Policy # _____

Policy Holder _____ Claims Phone # _____

Policy# _____