

2000, 2003, 2004
NJCAA Division I
National Champions

NJCAA All Time Wins Leader



SCC BLACKHAWK BASKETBALL

— Camp for Boys and Girls —

For boys and girls entering the
3rd thru 8th grades.



Take **One** or **Both** Camps!

June 7 thru June 10

Morning Camp: 9:00 am – 12:00 pm

June 28 thru July 1

Morning Camp: 9:00 am – 12:00 pm



1500 West Agency
West Burlington, IA 52655

“A Tradition of Excellence”

CAMP FEATURES

- Outstanding instruction from a dedicated staff.
- 3 on 3 & 5 on 5 games and tournament both weeks.
- Lectures each afternoon by Terry Carroll and guests.
- Camp insurance (secondary insurance).
- Camp T-Shirt.
- Time with BLACKHAWK players for individual work.

Online registration available at

www.BlackhawkBasketballCamps.com

2010 BASKETBALL CAMP REGISTRATION / INSURANCE FORM

PERSONAL INFORMATION: (One form per student. Make copies as needed)

Camper's Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Grade (Fall 2010) _____

Male Female Camper's Adult T-Shirt Size (mark one) S M L XL

Parent/Guardian _____

Parent's Work Phone Number _____

BASKETBALL CAMPS AND COSTS:

June 7 thru June 10	June 28 thru July 1
Morning Camp: 9 am – 12 pm	Morning Camp: 9 am – 12 pm

PACKAGES & PRICES:

Select Basketball Package you would like to attend.

- PACKAGE 1: **Fee \$60** PACKAGE 2: **Fee \$100**

<p>Choose ONE Camp Only</p> <p>June 7 thru June 10 <input type="checkbox"/> Morning Camp</p> <p>OR</p> <p>June 28 thru July 1 <input type="checkbox"/> Morning Camp</p>	<p>BOTH Camps:</p> <p>June 7 thru June 10 <input type="checkbox"/> Morning Camp</p> <p>AND</p> <p>June 28 thru July 1 <input type="checkbox"/> Morning Camp</p>
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*** NO REFUNDS ***

FOR FURTHER INFORMATION:

Contact Lorenzo Watkins by email: lwatkins@scciowa.edu or by phone at 319-208-5127 or Brian Turner by email: bturner@scciowa.edu or by phone at 319-208-5126.

PAYMENT:

Make checks payable to: **SCC BLACKHAWK Basketball Camp**

Amount enclosed: \$ _____

MAIL COMPLETED FORM AND PAYMENT TO:

Southeastern Community College
 Athletic Department - Terry Carroll
 1500 West Agency Road • PO Box 180
 West Burlington, IA 52655-0180

For Office Use Only

Date Rec'd	Check No.	Deposit	Balance

CONSENT FORM: Please sign the consent form below.

Application/Registration Form [Conditions of Registration]

- Participants and Parents must read and sign below.
- Appropriate fee must accompany each application. \$15.00 fee for returned check.
- Once registered, the fee is non-refundable.
- Signature of Participant, Parent or Guardian on this application indicates the understanding there is an assumption of risk involved in participating in a basketball camp.
- By signing this application, permission and authorization are hereby granted in case of emergency for physicians of the hospital closest to the Camp to treat any illness or injury for the Participant's best welfare.
- DISCLAIMER:** Signature of Participant, Parent or Guardian on this application waives and releases the Staff of the College Camp, Southeastern Community College, its Employees, all Corporate and Club Sponsors, and other Campers from any and all liability from any illness or injury occurring at the camp or going to and from the camp.
- PARENT'S RELEASE AND INDEMNITY AGREEMENT**
 We (or I) hereby request that you accept this application for enrollment of my son or daughter in the SCC BLACKHAWK Basketball Camp. In consideration of your acceptance of this application, we (or I) here by release SCC and all of it's employees for all claims on account of injuries which may be sustained by our (my) son or daughter while attending the camp, and we (or I) agree to indemnify SCC and its employees for any claim which may hereinafter be presented by our (my) son or daughter of such injuries. We (or I) understand any camper who does not abide by camp rules may be dismissed from camp with no refund.

In the event of illness or injury we (or I) hereby give our (or my) consent for medical treatment and permission to the attending physicians to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. We (or I) will be responsible for any medical and other charges in connection to my son's or daughter's attendance at the Camp. If there are any restrictions on his or her participation, please explain on a separate sheet and attach to this application.

We (or I) certify that our (or my) son or daughter is covered by medical insurance.

Medical Insurance Company _____

Policy No. _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

SIGNED _____
Parent/Guardian *Date* *Parent/Guardian* *Date*

SIGNED _____
Parent/Guardian *Date* *Parent/Guardian* *Date*