

WAIVER FORM

Release for Medical Treatment

Registration will not be complete until this form if filled out!

Name: _____

DOB: _____ SEX: Male or Female

AGE: _____

Health History: Please list ANY allergies, disease, and/or medication (Conditions physicians should be made aware of - Please include a separate sheet if necessary.) _____

Family Physician Name: _____

Physicians Phone: _____

Parent/Guardian Authorization: This health history is correct to the best of my knowledge, and the person herein as described has permission to engage in all prescribed camp activities except as indicated above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection, anesthesia or surgery for my child as named above.

Signature Parent/Guardian Date

Parent/Guardian Health Insurance Company:

Policy #:

Address:

My child has a recent physical and may participate in all camp activities. I give permission for my child to be treated by a qualified EMT or licensed physician. I further agree that the camp staff, County of Erie, Erie Community College should be held harmless from and indemnified against any and all liability, cost, claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Signature Parent/Guardian Date

*Erie Community College
Athletic Department
21 Oak Street
Buffalo, NY 14203*



KATS ELITE



BASKETBALL CAMP



2 SESSIONS

MARCH 17-21

MARCH 24-28

BOYS AND GIRLS AGES 8-15



**HEAD COACH:
NATOSHA
CUMMINGS-PRICE**

Natosha Cummings-Price is a native of Muskogee, Oklahoma. In 1991, she graduated from Muskogee High School and attended Central Arizona Jr. College.

After receiving an associate's degree in C.I.S. in 1993, she was recruited by the University at Buffalo. In 1995, she graduated from UB with a baccalaureate's degree in Urban Studies and Public Policy Making and went on to receive her graduate education in Higher Education Administration. She also received the UB Minority Higher Education and Business Administration scholarship.

Since 1996, Natosha has been the athletic director and basketball coach for the Girls Athletic League. As an active member of St. John Baptist Church, she is the Basketball Program Coordinator. She also has served as an Assistant Women's Basketball Coach at Medaille College.

FACILITY LOCATION

The Kat's Elite Basketball Camp will take place in the Burt Flickinger Athletic Center located at: 21 Oak St., Buffalo, NY 14203.



CAMP PROGRAM

The Kats Elite Basketball Camp is established for youth to learn the productive mechanisms of the game of basketball, sportsmanship, teamwork, and discipline. We will teach these concepts using collegiate athletes and coaches who are living examples of these principles.

WHO CAN PARTICIPATE

The Camp is open to boys and girls between 8- 15 years of age.

CAMP FEATURES

The Kats Mini Camp offers camp features such as stations, lectures, practices, games, and contests.

All coaches have college, high school, or AAU experience

- Player Profile Evaluation
- Emphasis on Fundamentals
- 2 – 3 League Games Daily
- Camp T-Shirts
- Camp Basketball
- Snack Bar
- Swimming
- Daily Awards
- Full Court Games Daily
- Film
- Certificate of Participation



DAILY SCHEDULE

7:30 - 8:45	Drop Off
9:00 - 11:00	Drills on Individual Skills
11:00 - 12:00	Team Practice/Scrimmage
12:00 - 1:00	Lunch and Relax
1:00 - 2:00	Swimming/Arts and Crafts
2:00 - 4:00	Full Court League Games
4:00 - 5:30	Pick Up

COST OF CAMP

\$150/camper

Sign-up for 2-week for \$250.00

(A \$50 deposit is due by March 10, 2008 for each session)

REGISTRATION INFORMATION

Name: _____

Age: _____

Home address: _____

City _____ State _____ Zip _____

Emergency Contact Information:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Emergency Contact (not mother or father):

Name: _____ Phone: _____

Relationship: _____

T-SHIRT SIZE (circle one):

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Payment Information:

A \$50 deposit is required to hold your spot at camp! This deposit is non-refundable!

ENCLOSED YOU WILL FIND MY: (please check one)

____ \$50 Deposit only (Balance Due on Start date)

____ \$150 Full Payment or 2-weeks \$250.00

Cash, check or Credit Card Accepted. Please made checks payable to ECC Women's Basketball

Credit Card # _____

Expiration date: _____

Billing Address: _____

City _____ State _____ Zip _____

PLEASE COMPLETE BOTH SIDES AND RETURN TO:
21 OAK ST., BUFFALO, NY 14203
ATTN: WOMEN'S BASKETBALL

A \$50 DEPOSIT OR \$150 FULL PAYMENT IS DUE WITH THIS REGISTRATION FORM BY MARCH 10, 2008

FOR MORE INFORMATION CONTACT
COACH CUMMINGS-PRICE AT 85H258