

Valparaiso University Women's Basketball Team Shootout

Date: June 27th

Cost: \$350 per team

Licensed officials will be provided for all games played

Camp T-shirts will be given to all team players and coaches



Team Shootout, Friday June 27th

Player Name: _____ Phone: (____) _____
Home Street Address: _____ City: _____ St. _____ Zip Code: _____
Height: _____ Age: _____ Additional Telephone: _____
School: _____ School Coach: _____ Coach's Email: _____

DEPOSITS ARE NON-REFUNDABLE - REGISTRATION FORMS MUST BE RECEIVED BY JUNE 1, 2014

In consideration of the enrollment in the Valparaiso University Sports Camps, I hereby release Valparaiso University and its employees and representatives from any liability for injuries sustained by my child while participating in such programs. This release shall apply to any acts or omissions whether negligent on the part of the university and its representatives & to any acts or omissions of other participants. PARENT/GUARDIAN SIGNATURE: _____

PLAYERS: PLEASE DETACH AND RETURN YOUR DEPOSIT TO YOUR HIGH SCHOOL COACH
COACHES: PLEASE SEND ALL REGISTRATION FORMS AND THE \$100 IN ONE ENVELOPE TO:

Valparaiso University
Women's Basketball Team Shootout
1009 Union St.
Valparaiso, IN 46383

T-Shirt Size: S M L XL XXL (Men's Sizes)
Grade Entering Fall 2014: _____