## 

Insurance and Emergency Information

Parent/Legal Guardian Name:

Parent/Legal Guardian Phone : \_\_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_

Insurance Company Phone Number \_\_\_\_\_\_
Policy Holder

Policy Holder Date-of-Birth \_\_\_\_\_

CAMP TUITION IS \$265 per session.

\$50 due with application / nonrefundable

#### MAKE CHECK PAYABLE TO:

University of Rochester Boys' Basketball Camp Luke Flockerzi, Director Goergen Athletic Center PO Box 270296 Rochester, NY 14627-0296

For Information call (585) 275-4306 Iflockerzi@sports.rochester.edu DIVISION III
1990
FINAL FOURS
1990, 1992, 2002, 2005

# 32<sup>nd</sup> ANNUAL



# UNIVERSITY OF ROCHESTER BASKETBALL CAMP

**Session I - July 7-11, 2014 Session II - July 14-18, 2014 8am - 4pm** 

# BOYS GRADES 3-10 2014 Boys' Basketball Camp Session I – July 7-11 Session II – July 14-18 9am – 4pm Grades 3-10

## **PROGRAM**

The University of Rochester Basketball Camp is designed to teach and drill campers in individual and team fundamentals of basketball.

Campers will be grouped by age and ability. Instruction in fundamentals will be based on the skill level of group. Emphasis will be given to drills and skills that campers can practice on their own at home.

Competitions will also be grouped by age and ability. Competitions will include individual skill contests as well as group, 3v3, and 5v5 games.

In addition, campers will have the opportunity to receive extra individual instruction throughout. They can also go swimming at the conclusion of each day.

### **CAMPER TO RECEIVE**

- Five days of instruction and competition.
- · Cafeteria lunch each day.
- T-shirt. Circle correct size on the application.
- <u>OPTIONAL</u>: Basketballs may be purchased for an <u>additional \$10.00</u>. To order, check the designated space on the application.

## **CAMPER TO BRING**

- Basketball shoes.
- Basketball. (Balls may be purchased for an additional \$10.00.)
- Swim suit and towel (optional).

DO NOT BRING UNNECESSARY VALUABLES. Lockers and locks will NOT be available.

## **DAILY SCHEDULE**

Roll Call

9:00

9:05	Warm-up / Stretch
9:20	Ball Handling / Shooting Progression
10:00	Teaching Stations (8)
11:00	Team Practice
11:15	5v5 Games / Free Throws
11:55	Lunch
12:00	Extra Instruction / Free Throws
1:00	Lecture / Group Instruction
1:30	Rochester Shootout
2:00	Team Practices
2:15	5v5 Games / Free Throws
3:00	Competitions
3:30	Extra Instruction / Free Throws
	Swimming (Optional)
4:00	Campers Dismissed

## **DIRECTOR & STAFF**

Luke Flockerzi, Head Men's Basketball Coach at UR is the camp director.

In addition to current UR assistant coaches, the staff will consist of other college and high school coaches. Current and former college players may also be added to the staff.

#### **FACILITIES**

The camp will be held indoors in the Goergen Athletic Center, one of the finest athletic facilities in the country.

An eight-lane swimming pool, with a separate diving well, will be open to campers at a designated time under the supervision of lifeguards.

A certified emergency medical technician or an athletic trainer will be available. Strong Memorial Hospital is across campus. Campers are required to provide their own coverage.

#### **TUITION & PAYMENT**

Tuition for the UR Basketball Camp is \$265.

There is a \$10 discount for additional siblings. Team discounts (\$10 per camper) are available for teams of <u>5 or more</u>. The maximum discount per individual is \$10. For details call Luke Flockerzi (585-275-4306).

A \$50 non-refundable deposit is due with the registration form and risk waiver. The remainder is due by the first day of camp.

**Risk Waiver** - All camp participants must submit a signed Acknowledgement and Release Agreement prior to attending camp. The waiver should be sent with the registration form by mail.

Payments may be made by cash or check and are accepted by mail. If you wish to pay by credit card, all payments must be made IN PERSON at the Goergen Athletic Center front desk.

Each camper will be emailed confirmation of his enrollment, the notification of balance due and a UR campus map.

#### UNIVERSITY OF ROCHESTER

# PART I Acknowledgement and Release Agreement

Acknowledgement and Release Agreement			
I,			
2. <u>Liability Release</u> . In consideration for U of R allowing Participant to participate in the Activity, I agree I and Participant will not sue the Releasees and we hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that Participant may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.  3. <u>Statement of Physical Fitness</u> . I state that Participant is physically fit and in a condition that will allow him or her to participate fully and safely in the Activity. I maintain medical insurance that covers Participant for accidents and illnesses while participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into Participant's physical fitness or ability to participate in the Activity and Releasees are relying on my statement of Participant's physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of Participant's participation in the Activity.			
4. <u>Emergency Medical Treatment.</u> I grant the Releasees permission to authorize emergency medical treatment of Participant as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.  In the event of an emergency, the emergency contact that is listed on the participant's registration form will be contacted via phone by a staff member as soon as possible.			
It is my express intent that this Agreement shall bind Participant, me and the members of our family (if any), our estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.			
ACTIVITY DETAIL FORM Name of Activity: University of Rochester Boys Basketball Camp			
Date(s) of Activity: July 7-11, 2014 and July 14-18, 2014			
Location of Activity: University of Rochester, Goergen Athletic Center, Spurrier Hall			
<b>Description of Activity:</b> The University of Rochester Boys' Basketball Camp is designed to teach and drill campers in individual and team fundamentals of basketball. Campers will be grouped by age and ability. Instruction in fundamentals will be based on the skill level of the group. Competitions will also be grouped by age and ability. Competitions will include individual skill contests as well as 3 versus 3 and 5 versus 5 games. Campers will have the opportunity to receive extra individual instruction throughout and can also go swimming at the conclusion of each day.			
Various activities including, but not limited to: Basketball-related drills and competitions; Swimming.			
By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed here: Injury, including sprains, fractures, heat related injury/illness, concussions and other injuries related to participation in basketball which is considered a contact sport.			
In signing this Agreement, I acknowledge that I have read Part I of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.			

Signature

Name of Participant (printed)

Name of Parent or Legal Guardian (printed)

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)

(SEE REVERSE)

Date

#### **PART II**

#### **University of Rochester Boys Basketball Camp**

#### **Rules and Regulations**

- 1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- 2) Participants may not leave University property or the program without permission of the Program Sponsor.
- 3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- 4) No use of tobacco products.
- 5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.
- 6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.
- 7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.
- 8) As the parent or legal guardian, I declare that I have read, understand, and approve the rules, and give permission for my child to participate in the University of Rochester Boys Basketball Camp.

Any participant who is found behaving in direct violation of these rules will be removed from the clinic immediately.

In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Parent or Legal Guardian (printed)	Signature	
Name of Participant (printed)		
Date		

#### PART III

# Emergency Contact Information (Parent/Legal Guardian to keep this page)

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR security, please use the contact information listed below to reach the staff members.

Name: Luke Flockerzi Office: 585-275-4306 Cell: 413-478-2340

UR Security – (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.