

APPLICATION: 2014 ELITE CAMP

Name _____

Grade (as of 9/14) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email address _____

Ht. _____ Wt. _____

School _____

Insurance and Emergency Information

Name of Parent or Legal Guardian:

Emergency Contact (2) _____

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Policy Holder _____

Policy Holder Date-of-Birth _____

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.

**CAMP TUITION IS: \$375 / Resident
\$300 / Commuter**

\$50 is due with application (nonrefundable). Remainder is due by first day of camp.

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.**

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 Luke Flockerzi at 585-275-4306 or lflockerzi@sports.rochester.edu

UNIVERSITY of ROCHESTER



MEN'S BASKETBALL ELITE CAMP

AUGUST 1-3, 2014

GRADES 10-12
UNIVERSITY OF ROCHESTER
Men's Basketball
2014 ELITE CAMP
In the Palestra

GRADES 10-12
August 1st – 5:00pm to August 3rd – Noon

***FOCUS IS SKILL DEVELOPMENT.**
SCRIMMAGES ALLOW CAMPERS TO
IMPLEMENT NEWLY LEARNED SKILLS.



INSTRUCTION TO INCLUDE:

BALL HANDLING

Using Body / Protecting Ball
Developing Off-hand
Dribble Moves

PASSING

Passing Angles / Feeding the Post
vs. Pressure

DEFENSE

On Ball, Off Ball, vs. Screens
Post Defense, Perimeter Defense,
Shot-Blocking, Talking
Help & Recover vs. Penetration
Team Defensive Concepts

SCREENING

Setting Screens, Using Screens w/ Dribble,
Using Screens w/out Ball

FOOTWORK

Jump-stop and Pivot, Defensive Slides
Establishing Post Position, Playing 'BIG'
Low/High Post Moves

SHOOTING

Foul-shooting, Off Dribble, Off Pass
Off Screens

READING DEFENSES

Attacking Zones, Presses, Mismatches

FAST BREAK

Receiving Outlet-pass, Reading the #'s
Decision-making

REBOUNDING

Boxing-Out, Outlet Passing
Offensive Rebounding

PLUS: COLLEGE RECRUITING EXPOSURE – COLLEGE COACHES WILL ATTEND, “HOW TO BE RECRUITED” SEMINAR, FINANCIAL AID INTRODUCTION, WEIGHT TRAINING IDEAS, OPTIONAL CAMPUS TOUR (after camp on Sunday).

Instruction will be given by UR staff:

Head Coach Luke Flockerzi and his staff will direct the camp. Flockerzi has lead UR to two University Athletic Association Championships and two NCAA tournament berths in four seasons at Rochester. His staff will be joined by other head and assistant college coaches, as well as current and former UR players.

UR teams have appeared in 18 NCAA Tournaments:

National Champions – 1990
National Runner-up - 1992, 2005
Final Four - 1990, 1992, 2002, 2005
Sweet 16 - 1981, 1990, 1991, 1992, 2002, 2003, 2004, 2005, 2008, 2011

FEE: \$300.00 Commuters/\$375.00 Resident
(Practice jersey & meals included).

UNIVERSITY OF ROCHESTER

PART I

Acknowledgement and Release Agreement

I, _____, am the parent or legal guardian of _____, whom I wish to participate in the Men's Basketball Elite Camp offered by University of Rochester (the Activity). As a precondition to Participant participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the bottom of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily allow Participant to participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that Participant may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees").

2. Liability Release. 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. Statement of Physical Fitness. 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. Emergency Medical Treatment. 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 Men's Basketball Elite Camp

Date(s) of Activity: August 1-3, 2014

Location of Activity: University of Rochester River Campus

Description of Activity: Basketball Camp geared towards high school players who wish to play at the college level.

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.

Name of Parent or Legal Guardian (printed)

Signature

Name of Participant (printed)

Phone number where parent/legal guardian can be reached in case of emergency

Date

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

(SEE REVERSE)

PART II

University of Rochester Men's Elite 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 Men's Basketball Elite 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

(PLEASE DETACH AND KEEP PART III FOR YOUR RECORDS)

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.