



**ST. IGNATIUS HOSTS
CHICAGO SLAM
Girls Spring Basketball Camp**

**4 Saturdays!
(April 25th, May 2nd, 9th, and 16th)
8 am to 10 am
Open to all girls 5th through 8th Grades**

Focus on Fundamentals:

Ball-handling	Defense
Layups	Rebounding
Shooting	Passing
Offensive Skills (Pick & Rolls, Give & Go's!)	

and Playing Experience!

Cost \$80.00 per camper for the entire program!

Includes a T-Shirt!

Questions please call Coach Lauren Cooper @ (312) 593-3291

Or send questions via email to chicagoslam@gmail.com

Campers Name:	Parents Names:
Address:	
City:	Zip:
Phone:	Email:
Position:	Grade for 2009/2010 school year:
Adult Shirt Size (circle): S M L XL	Grade School:

Return to: Coach Lauren Cooper 180 North LaSalle Suite 3010 Chicago, Illinois 60601 (with a check made payable to Chicago Slam)	OR	Please visit www.chicagoslamhoops.com for payment by credit card and printable waiver
Mandatory Insurance Waiver to be filled out on the back		

St. Ignatius College Prep Hosts Chicago Slam Spring 2009 Camp

Player Name: _____

Going into Grade: _____ @ School: _____

The above named player has my permission to participate in the Chicago Slam Spring Basketball Camp in the Spring of 2009, hosted by St. Ignatius College Prep.

I hereby agree to the following conditions:

I. I hereby understand and agree that my child/the player can not stay in the gym after the specific camp that they are participating in is over. I understand that I, the parent/guardian, am responsible for picking up my child on a timely basis. I also understand that I am welcome and encouraged to stay and watch activities during my child's participation in the camp.

II. I hereby agree to provide my own insurance for my child to cover any and all athletic injuries. I also agree to notify the Camp Director in writing should my coverage change at any time during this program. I understand that this communication must take place before the next time my child participates in the camp. Furthermore, I understand that upon this situation occurring, Chicago Slam has the right to make a decision regarding whether my child can participate based upon the new facts.

Current Insurance Company: _____

Current Policy Number: _____

III. I agree to provide the Camp Director with the following Emergency / Health information:

Adult to contact: _____

Home Phone number: _____ Relationship: _____

Cell Phone number: _____

Special Health/ Physical conditions, if any: _____

If you or the above named individual cannot be reached, and in the judgement of the Camp Director, immediate medical care is indicated, do you authorize the Camp Director to summon emergency medical attention (911)? _____yes_____No

IV. **WAIVER AND RELEASE:** I do hereby waive, release and discharge any of the coaches, administrators, St. Ignatius College Prep and the Chicago Slam from any and all rights and claims for damages resulting from injuries to my child, my person or my property that may be sustained or suffered in connection, in association with, participation in, or arising out of the Chicago Slam Spring 2009 basketball camp. We, the parents or guardians, agree to the above referenced player's participation in this camp including emergency and referral services if necessary. I have read and accept these conditions.

Signature of parent/guardian _____ Date _____