



The official Basketball Camps of UNCW Women's Basketball Head Coach Karen Barefoot

www.BAREFOOTBASKETBALL.com

ELITE SKILLS ACADEMY AT UNC Wilmington

\$65 9AM-4PM JUNE 17, 2017

Trask Coliseum

Features

The Elite Academy is designed for experienced and competitive players. This camp features intense workouts, advanced practice drills and competitive team competitions. Campers will get to experience and get the attention from Coach Karen Barefoot, her staff, players and accomplished high school and AAU coaches.

FOR QUESTIONS PLEASE CALL ELITE CAMP DIRECTOR DAVE CAPUTO AT 908-642-5891

Check-in begins at 8:15am at Trask Coliseum | 601 S College Rd, Wilmington, NC 28403 | Bring a lunch

Camper Name		Age		
Address	City	State ZIP		
Home phone Cell Phone		Email Address		
Date of Birth (m/d/yr)Entering Grade	_ fall of 2017	Make checks payable to Barefoot Basketball Inc. \$65/camper		
School		Complete this application and mail to		
T-shirt size (circle one): Adult sizes: S M L XL XXL or Youth M Level of Play (circle one) Beginner Intermediate Advance Position of Greatest Interest (circle one) Guard Post	Youth L ed	UNCW Womens Basketball c/o Barefoot Basketball 601 South College Rd. Wilmington, NC 28403-3297		

PARENTAL CONSENT

PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING In consideration of being allowed to participate in any way in the Barefoot Basketball Inc. Camps, I, the undersigned, acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program is significant, including the potential for concussions, broken bones, sprains, ligament damage, muscle tears, permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and, 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (as hereafter defined) or others, and assume full responsibility for my participation; and, 3. I/We, represent that I/We have sought the opinion of our child's family physician, and he/she concurs that the above-named camper is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sports activities, and I/We are confident that he/she is able to engage in such sport. 4. I further accept responsibility for my child in case of injury, if I am unavailable, I grant Barefoot Basketball Inc. to seek prompt medical attention.

In case of Emergency. Health Insurance Co	Group #	Allergies	
Parent or Guardian Cell Phone	Emergency Contact	Phone	
Parent or Guardian: Print Name	Signature		Date