

CBU BASKETBALL

2024 ELITE CAMP

The California Baptist Elite Camp is intended for those males graduating high school in 2024-2028. This is a high-level skills camp recommended for campers who have varsity level playing experience. Our camp is geared toward those individuals who excel on their high school or AAU teams and wish to play at the collegiate level.

The camp will include focused skill instruction from the CBU Men's Basketball coaching staff, and give each camper insight on what it takes to play at the collegiate level with the possibility of earning a scholarship. This camp is a unique setting to showcase skills in front of our coaches while receiving quality instruction.

SKILL DEVELOPMENT

- *BREAK DOWN OFFENSIVE CONCEPTS
- *BREAK DOWN DEFENSIVE CONCEPTS
- * ON-BALL SCREENS
- *5-ON-5 PLAY
- *LIVE TRANSITION DRILLS

Camp Location: CBU Events Center

Dates: June 1, 2024 | 9 a.m. - 2 p.m.

Doors Open at 8:15 a.m.

**High School Prospects Welcome*

Cost: \$95 per camper (includes lunch)

Register online at cbulancers.com/mbbcamps or mail a

check payable to CBU to:

CBU Men's Basketball

8432 Magnolia Ave, Riverside, CA 92504

Registration/Questions: Doc Wellman- 951.552.8848- rwellman@calbaptist.edu

Fill out waiver on the back of this form or online at cbulancers.com/campwaiver

2024 CBU MEN'S BASKETBALL ELITE CAMP REGISTRATION

Player's Name _____ Age _____ Position _____

High School _____ Height _____

Parent/Guardian Name(s) _____

Player Phone (____) _____ - _____ Parent/Guardian Phone (____) _____ - _____

AAU Program _____

Grade in Sept 2024 _____ Amount Paid: \$ _____

Honors received: _____

Parent/Guardian Signature _____ Date _____

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

CBU

BASKETBALL

I hereby give permission for my minor child to participate in the California Baptist University Junior Lancers Basketball Program. I recognize and understand that the minor child will be participating in activities, which may expose the minor child to some level of risk of injury and that the minor child will be participating at his/her own risk. I agree to and hereby do release and hold harmless California Baptist University and its trustees, agents, officers, servants, and employees against loss (including reasonable attorneys' fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the said minor or by me arising out of or in connection with the Camp. Furthermore, I agree to indemnify California Baptist University for any loss or damage to the premises, facility, or equipment caused by my minor child. Such indemnification shall include costs and expenses incurred by California Baptist University, including reasonable attorneys' fees. I also agree that the Program may use images of my child for publicity and advertising purposes. The below health history is true and correct to the best of my knowledge and the person herein described has permission to engage in all prescribed camp activities. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on the reverse side of this form.

Health History (check all that apply):

Asthma _____ Migranes _____ Seizures _____ Diabetes _____ Heart Murmur _____

Allergies: Bee/Insect Stings _____ Food _____ Penicillin _____ Other Drugs _____ Other: _____

Medications camper is currently taking (please be specific): _____