Schreiner University
Girls Elite Basketball Camp

September 26th
9:30am-1:00pm

- Camp Includes individual skill work, competitive drills and 5 on 5 games
- Camp instruction will be led by Schreiner coaching staff and members of the women’s basketball team
- Registration begins at 9:30am. Camp will begin at 10:00am and end at 1pm; with an admissions and financial aid workshop along with a campus tour
- Free Lunch and Elite Camp T-Shirt provided
- Camp is open to all high school levels, grades 9-12

*We hope to see you September 26th!

Return completed form with payment to:
Temaine Wright 2100 Memorial Blvd. Kerrville, TX 78028

NOTICE: All camp participants will be required to complete a camp waiver/medical release form prior to participation in any camp activity. This form is attached.
Basketball Skills Camp Participant Information:

Name:__________________________________________________________

Phone:________________________________________________________

Address:________________________________________________________________

City:__________________ State:_____ Zip:________________

Email:________________________________________________________

Parents Name(s):_______________________________________________________

High School:________________________________ Graduation Year:___________

Age:________ T-Shirt Size:________

Basketball Awards:________________________________________________________________

Academic Awards:________________________________________________________________

GPA:________ SAT (Math and Reading):_________________ ACT:__________

For More Information, Contact Coach Temaine Wright at 830.792.7381 or Coach Bailey Harris bharris@schreiner.edu

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PARTICIPANT: (Name and Address)  INSTITUTION

Schreiner University

Name (last name first- please print or type)

Address

City, State, Zip Code

IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL: Elite Camp

PRINCIPAL LOCATION(S): CAMPUS OF SCHREINER UNIVERSITY    DATE(S): 9/26/15

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and has voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Agreement

I give permission for Participant to participate in the above-referenced Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel could possibly expose Participant to hazards or risks that could result in Participant’s illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I grant Schreiner University and its employees full authority to take whatever actions they may consider warranted under any circumstances regarding the protection of participant’s health and safety. I understand and agree that if participant does not comply with all the rules, code of conduct, and instructions relating to this Activity and/or Travel, Schreiner University has the right to terminate his/her participation in this activity without refund.

In consideration of Participant being permitted to participate in the Activity and/or Travel, I hereby accept all risk to Participant’s health and of his/her injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release Schreiner University, its governing board, officers, employees and representatives from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity and/or Travel, whether caused by any type of negligence of Schreiner University, its governing board, officers, employees, or representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in the described Activity and/or Travel.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ABOVE DESCRIBED ACTIVITY AND/OR TRAVEL AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION, THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER THE INCIDENT TO THIS AGREEMENT OR ACTIVITY.

Signature of Parent/Guardian*  Signature of Women’s Basketball Staff

Printed Name of Parent/Guardian  Printed Name of Women’s Basketball Staff

Address( if different from Participant’s Address)  Date Signed

Date Signed

*SIGNATURE REQUIRED ON COMPLETED FORM FOR PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY AND/OR TRAVEL  MAY 2010

EXHIBIT B4-B
<table>
<thead>
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<tbody>
<tr>
<td>Address</td>
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<td>Zip</td>
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<td>Telephone Number</td>
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**Emergency contact persons and phone numbers:**

| Name | | |
| Relation | | |
| Telephone Number-day | | |
| Telephone Number-night | | |
| Telephone Number-office | | |
| Telephone Number-emergency | | |

**Medical Information:**

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**Allergies:**

**Health Insurance Company**

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<th>Group #</th>
<th>Policy#</th>
<th>I.D.#</th>
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**Medication(s) you are taking (including dosage):**

**Dates of last Tetanus/Diphtheria Inoculations**

**Blood Type**

**Special Health Needs or Concerns:**

**Emergency Medical Authorization**

I, the undersigned parent or legal guardian of , do hereby authorize Schreiner University and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to upon advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates for this authorization are through .

By signing this authorization, I represent to Schreiner University that I have legal authority to provide consent for this minor child.

Date: ____________________

(Signature of Parent or Legal Guardian)*

(Printed Name of Parent or Legal Guardian)

**Privacy Statement:** with few exceptions, you are entitled on your request to be informed about the information Schreiner University collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have Schreiner University correct information about you that is held by us and that is incorrect.

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