COACH NICCI HAYS FORT

Considered one of the game's brightest young coaches and a master recruiter, coach Nicci Hays Fort's leadership and exciting approach to the game have filled Colgate's Cotterell Court with loyal basketball fans.

Prior to Colgate, Hays Fort served as the associate head coach for legendary head basketball coach Doug Bruno at DePaul University. In her final year at DePaul, the Blue Demons won 29 games and advanced to the NCAA Tournament's Sweet 16.

Coach Hays Fort has coached five All-Patriot League performers during her tenure at Colgate: Trisha Oakes, Jhazmine Lynch, Missy Repoli, Josie Stockill, and Carole Harris.

Coach Hays Fort has mentored three WNBA draft picks: Minnesota Lynx's Felicia Chester, and the Chicago Sky's Jenna Rubin and Allie Quigley.
COLGATE WOMEN’S BASKETBALL ELITE CAMP

JUNE 25-26, 2015
OPEN TO ALL GIRLS ENTERING GRADES 9-12 IN SEPTEMBER 2015

THURSDAY, JUNE 25
REGISTRATION 12:00 - 1:30 PM
CAMP 1:30 - 8:30 PM

ALL SESSIONS ON COTTERELL COURT

FRIDAY, JUNE 26
REGISTRATION 8:00 - 9:00 AM
CAMP 9:00 AM - 4:00 PM

$220 TWO DAYS
$120 ONE DAY

THE HOME OF RAIDER BASKETBALL

CAMP REGISTRATION INCLUDES
- NIKE CAMP T-SHIRT
- TWO MEALS PER DAY
- INDIVIDUAL SKILL INSTRUCTION
- TEAM COMPETITION
- INFORMATION SESSIONS REGARDING COLLEGE APPLICATION AND RECRUITING PROCESS
- Q&A WITH MEMBERS OF THE COLGATE WOMEN’S BASKETBALL TEAM
- Q&A WITH AN ADMISSIONS REPRESENTATIVE
- OVERNIGHT ACCOMMADATIONS FOR TWO DAY STAY

TRANSPORTATION
ROUND TRIP TRANSPORTATION FROM SYRACUSE HANCOCK INTERNATIONAL AIRPORT IS OFFERED FOR CAMPERS ONLY FOR $50.
ALL REQUESTS FOR TRANSPORTATION MUST BE RECEIVED BY JUNE 15.
PLEASE INCLUDE A SEPARATE CHECK FOR TRANSPORTATION.

CANCELLATION POLICY
A MINIMUM NON-REFUNDABLE $50 DEPOSIT IS DUE WITH THE COMPLETED REGISTRATION FORM. REFUNDS MINUS THE DEPOSIT WILL BE GIVEN PROVIDED THE REQUEST FOR CANCELLATION COMES IN WRITING BY JUNE 1. $25 FEE FOR RETURNED CHECKS.

QUESTIONS
PLEASE CONTACT ASSISTANT COACH JUSTIN PALUCH
JPALUCH@COLGATE.EDU • 315-228-7579

PLEASE INCLUDE CHECK OR MONEY ORDER, REGISTRATION FORM, AND MEDICAL INFORMATION FORM TO
COLGATE UNIVERSITY WOMEN’S BASKETBALL • 13 OAK DRIVE • HAMILTON, NY • 13346

NAME ___________________________________ CELL PHONE ____________________
ADDRESS _______________________________________________________________
EMAIL ________________________________________________________________
HEIGHT _______ POSITION _________
EMERGENCY CONTACT _____ PHONE ________________________________
BIRTHDATE _____ / _____ / ______ ADULT SHIRT SIZE _______ GRADUATION YEAR _____

___ ONE DAY - $120 (CIRCLE) JUNE 25 JUNE 26
___ TWO DAYS - $220 (INCLUDES OVERNIGHT)
___ ROUND TRIP AIRPORT TRANSPORTATION - $50

PARENT SIGNATURE ____________________________ DATE ________________________
2015 COLGATE WOMEN'S BASKETBALL ELITE CAMP

Medical Information

Name ______________________________________________________

Phone _____________________ Emergency Phone ___________________

Medical Insurance Carrier (Company, Policy, and Group Number):
__________________________________________________________

Circle answers:
Y N Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?
Y N Have you ever been treated for diabetes?
Y N Have you ever been told you have a heart murmur?
Y N Have you ever been "knocked out" or experience a concussion during the past three years? If yes, give dates: _____________
Y N Do you wear contact lenses? If yes, do you wear them during athletic participation? Y N
Y N Have you had a fracture during the past two years? If yes, indicate area and dates: ____________________________
Y N Have you experienced a severe sprain, dislocation or other orthopedic problem?
If yes, indicate area, problem and dates: ____________________________
Y N Have you had any surgery during the past year? If yes, indicate area and dates: ____________________________
Y N Have you been advised by a medical doctor not to participate in sports? If yes, for what reason? _____________
Y N Are you currently on any medications? If yes, please list: ____________________________________________
Y N Do you have any allergies? If yes, please list: ____________________________________________
Y N Are you allergic to any general medications? If yes, please indicate: ____________________________
Y N Have you had a tetanus shot? If yes, when? _____________

Please list any other pertinent medical information:
__________________________________________________________
__________________________________________________________
__________________________________________________________

I, _______________________ of _______________________________,
(Parent/Guardian) (Street Address)
city of _____________________, county of _____________________, state of ____, have legal custody of
__________________________________________, a minor, age __ years, born ____________, who resides with me at the address set forth above. I authorize Nicci Hays Fort as administrator of the Colgate Women’s Basketball Elite Camp to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care necessitated by injury or illness incurred while the above named child is attending the Colgate Women’s Basketball Elite Camp. Such treatment is to be rendered to the minor under the general or special supervision and on the advice of a physician or surgeon licensed to practice in the state of New York. I also certify that ____________________________________________ is in good health and able to take part in the 2015 Colgate Women’s Basketball Elite Camp.

_________________________________________________________
Parent/Guardian Signature Date