Youth Camp Description

This camp is for boys and girls ages 4-7. Camp will go from 9:00 a.m. to 12:00 p.m. running on July 18-21. Camp will be held in Huntington Gym.

Please fill out this form below, with the medical information, and return with your check made out to Colgate University.

Cost

Camp will cost $125 per camper. Group rates are available upon request. Each camper must reserve a place with a $25 deposit. The Deposit is non-refundable after July 10th. Balance is due at registration.

Registration

Registration will begin at 8:30 a.m. each morning. We will accept walk-ups that have not pre-registered on Monday, July 18th.

Camp Information

This camp is for younger kids who are interested in learning the basics of basketball through drills and fun games. Campers will receive a Colgate WBB T-shirt.

Staff

Head coach Bill Cleary will run the camp along with assistant coaches Mahogany Green, Kate Popovec, Candice Green. Current members of the WBB team will also be assisting.

Any Questions about camp please call or email Candice Green: (315) 228-6999, (732) 439-4693, or cegreen1@colgate.edu

Medical Information

Parental Permit

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such proceedings may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child.

Relationship: ____________________________________________________________

Emergency (of parents can’t be reached):

___________________________________________________________

Health insurance Company:

___________________________________________________________

Policy Holders Name:

___________________________________________________________

Policy #: __________________________

Medical History: Are there any medical conditions we need to be aware of? Please explain:

___________________________________________________________

___________________________________________________________

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___________________________________________________________

Signature of Parent/Guardian ___________________________ Date ____________