



**WILLIAM JESSUP
UNIVERSITY**

WARRIOR BASKETBALL CAMPS SUMMER 2010

WILLIAM JESSUP UNIVERSITY ACTIVITIES BUILDING - ROCKLIN, CA

~ CAMPS FOR BOYS AND GIRLS OF ALL AGES ~

	DATES	DAYS	COST	CAMP	AGES
	MARCH 29-APRIL 1	MON-THR	\$200	SPRING BREAK CAMP	8-18
	JULY 12-15	MON-THR	\$395 \$295-DAY CAMPERS	NIKE BASKETBALL CAMP (OVERNIGHT)*	8-18
	JULY 19-22	MON-THR	\$125	JUNIOR SKILLS CAMP (MORNINGS)	5-12
	JULY 19-22	MON-THR	\$200	COMPETITION CAMP	8-18
	JULY 26-29	MON-THR	\$50	DEL NORTE CAMP (@ ARCADE BAPTIST CHURCH)	6-12

TIME: All camps run Monday through Thursday.
 Competition camp is all-day from 9am-4pm and includes lunch
 Nike Basketball Camp is an overnight camp and includes breakfast, lunch, and dinner
 Junior Skill Development camp meets from 9am-noon
 Gym is open (with supervision) an hour before and an hour after each session

Each Camper will Receive:

- Fundamental instruction
- Camp T-shirt, basketball, and workout packet
- Official camp certificate, written evaluation, and camp notebook
- Quality individual instruction, goal setting techniques, and moral values will be taught

*Lunch is provided only at the all-day camps

**REGISTER BY JUNE 15TH (MARCH 15 FOR SPRING BREAK) AND RECEIVE \$20 OFF CAMP REGISTRATION
 TEAM DISCOUNTS AVAILABLE.**

CHECK IN AND LATE REGISTRATION BEGINS AT 8AM (NOON FOR AFTERNOON CAMP) ON THE FIRST DAY OF CAMP IN THE ACTIVITIES BUILDING GYMNASIUM

MAKE CHECKS PAYABLE TO: WJU ATHLETICS FOR MORE INFORMATION CONTACT: COACH AARON
 SEND REGISTRATION TO: MEN'S BASKETBALL 916.577.2362
 (PHONE) (DETACH ALONG DOTTED LINE) WILLIAM JESSUP UNIVERSITY 916.577.2360
 (fax) 333 Sunset Blvd amuhic@jessup.edu
 Rocklin, CA 95765 www.jessup.edu

CAMP ATTENDING (CHECK BOX NEXT TO CAMP(S) ATTENDING): PLEASE MAIL ME _____ MORE FLIERS FOR MY FRIENDS

SPRING BREAK (APRIL 5-8)
 NIKE CAMP (JULY 12-15)
 JR SKILLS (JULY 19-22)
 COMPETITION CAMP (JULY 19-22)
 DEL NORTE CAMP (JULY 26-29)
 CAMPER NAME _____ PHONE _____ AGE _____

MALE _____ FEMALE _____ SCHOOL _____ BIRTH DATE _____

ADDRESS _____ E-MAIL _____

PARENT NAME(S) _____ EMERGENCY PHONE _____

ADULT T-SHIRT SIZE: S M L XL OR YOUTH T-SHIRT SIZE: S M L (PLEASE CIRCLE ONE SIZE)

I consider this participant to be in good health, and permission is granted to participate in all activities unless otherwise indicated on this record. In case of illness or injury, permission is granted for medical treatment to be rendered. I understand that a parent or guardian will be notified in case of serious illness. All medical bills incurred by the patient will be the responsibility of the patient, parent, or guardian. It is further understood that William Jessup University will not be held liable for any accidents, injuries, or death resulting from participation.