



**WILLIAM JESSUP  
UNIVERSITY**

# WARRIOR BASKETBALL CAMPS SUMMER 2008

## WILLIAM JESSUP UNIVERSITY ACTIVITIES BUILDING - ROCKLIN, CA ~ CAMPS FOR BOYS AND GIRLS OF ALL AGES

	DATES	DAYS	COST	CAMP	AGES
	MARCH 24-27	MON-THR	\$200	SPRING BREAK CAMP*	8-18
	JUNE 27-28	FRI-SAT	\$100	ELITE CAMP*	14-21
	JULY 7-10	MON-THR	\$395 \$295-DAY CAMPERS	NIKE BOY'S BASKETBALL CAMP (OVERNIGHT)*	8-18
	JULY 14-17	MON-THR	\$125	JUNIOR SKILL DEVELOPMENT CAMP (AM)	5-12
	JULY 21-24	MON-THR	\$200	SKILL DEVELOPMENT & COMPETITION*	8-18

**TIME:** All camps run Monday through Thursday (except the Elite Camp, which is Friday, and Saturday)  
Skill Development & Competition and Spring Break camp is all-day from 9am-4pm  
Nike Basketball Camp is an overnight camp and includes breakfast, lunch, and dinner  
Junior Skill Development camp meets from 9 am-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 15<sup>ST</sup> AND RECEIVE \$20 OFF CAMP REGISTRATION (MARCH 15 FOR SPRING BREAK)**

*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  
SEND REGISTRATION TO: MEN'S BASKETBALL  
(DETACH ALONG DOTTED LINE) WILLIAM JESSUP UNIVERSITY  
333 SUNSET BLVD  
ROCKLIN, CA 95765

FOR MORE INFORMATION CONTACT: COACH AARON MUHIC  
916.577.2362 (PHONE)  
916.577.2360 (FAX)  
amuhic@jessup.edu  
[www.jessup.edu](http://www.jessup.edu)

CAMP ATTENDING (CHECK BOX NEXT TO CAMP(S) ATTENDING):

PLEASE MAIL ME \_\_\_\_\_ MORE FLIERS FOR MY FRIENDS

- SKILL DEVELOPMENT & COMPETITION CAMP (JULY 23-26)
- ELITE CAMP (JUNE 28-30)
- NIKE BASKETBALL CAMP (JULY 9-12)
- JR. SKILL DEVELOPMENT CAMP (JULY 16-19 AM)
- SHOOTING CAMP (JULY 16-19 PM)

CAMPER NAME \_\_\_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

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 the William Jessup Athletic Department will not be held liable for any accidents, injuries, or death resulting from participation. I also give William Jessup University the right to use any pictures taken of my son or daughter during the camps for marketing purposes of the University.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_