



# UNIVERSITY of SAINT MARY

## Jon Bishop's Summer Basketball Camp

### Camp Schedule - Summer 2011

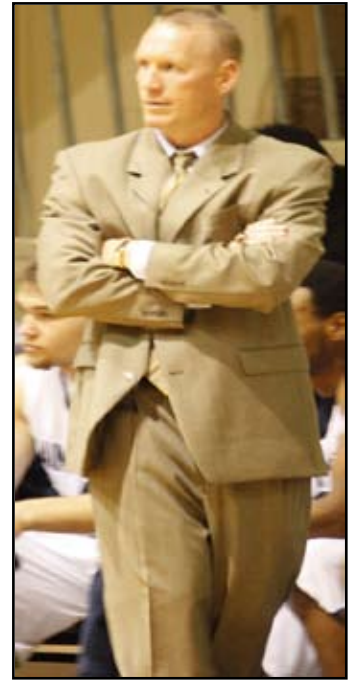
DATE: July 18 - 21

AGES: Boys & Girls ages 4 to 14

TIME: 8 a.m. - noon

LOCATION: McGilley Field House, USM Campus

Cost: \$85 per camper



### General Camp Information

Director: Jon Bishop – Saint Mary Head Men's Basketball Coach

Instructors: Saint Mary Basketball Coaches & Players

Instruction: Jon Bishop's summer basketball camps will introduce and develop the fundamentals of basketball. Emphasis will be focused on shooting, ball handling, passing, rebounding, defense, and overall basic offensive game skills.

Equipment: Campers are required to have basketball shoes and any other proper basketball attire for the daily sessions. Campers can bring a water bottle or sports drink each day if they choose.

CALL TO RESERVE YOUR SPOT

913-758-6311

OR E-MAIL: bishop47@stmary.edu

### **Jon Bishop's Basketball Camp ~ Registration Form**

Camper's Name: \_\_\_\_\_

Payable to: Jon Bishop - USM Basketball

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Mail form and check to:  
University of Saint Mary  
Attn: Jon Bishop - MBB Camp  
4100 South 4th Street  
Leavenworth, KS 66048

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Total payment must accompany this application or be presented at registration on the first day of camp.

NO PARTICIPANTS WILL BE ADMITTED TO USM WITHOUT PROOF OF INSURANCE COVERAGE SATISFACTORY TO UNIVERSITY OF SAINT MARY. I/We the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the participant's parent or legal guardian: The participant, in attending USM camps and in using USM facility, does so at his/her own risk. University of Saint Mary, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by the participant during USM or at the USM facilities. The participant and his/her parents assume full responsibility for any damages or injuries which may occur to the participant during USM Camps and so hereby fully forever exonerate and discharge, release and hold harmless USM, the Athletic Department and its hired staff, trustees, administrators, faculty, staff, employees, and/or agents, from any and all claims, demands, damages, right of action or causes of action present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the participation in USM camps and in the use of the facilities. I/We certify, that to the best of my/our knowledge, the participant is in good physical condition and has no disease or injury or medical condition that would impair performance in activities participated in during USM Camps

Parent or Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_