2018 BEST of the BEST ELITE CAMP

Great players never stop getting better and never stop learning! With an emphasis on offensive skills, this single-day camp provides you with one-on-one instruction, high intensity drills and a real idea of what Division I college basketball is all about.

SESSION A
Monday, June 11, 2018
5:00 - 9:00 pm | $50 per camper

SESSION B
Saturday, August 4, 2018
9:00 am - 3:00 pm | $65 per camper
Both sessions are open to all girls entering grades 9-12

TO REGISTER

Visit www.ClevelandStateWBBCamps.com **OR**
Fill out the attached form and return

FOR MORE INFORMATION

Contact Stephanie Mentz-Bruce
(216) 687-5483 | s.t.bruce@csuohio.edu

CLEVELAND STATE WOMEN'S BASKETBALL CAMPS & CLINICS
are open to any and all entrants, limited only by number, age, grade level and/or gender

TO REGISTER BY MAIL:

Fill out the information below and return with a check made payable to Stephanie Bruce Camps.
Send forms to Women's Basketball Camp | 2000 Prospect Ave | Cleveland, Ohio | 44115

Camper's Name: _____ T-Shirt Size: _____

School: _____ Grade (Fall 2018): _____ Age: _____ DOB: _____

Address: _____

City/State/Zip: _____

Parent's Name: _____

Email: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

In consideration of my application being accepted, I, intending to be legally bound, do hereby, my heirs, and administrators, for damages which I may have or which hereafter accrue to me against Cleveland State University, Basketball Camp or Kate Peterson Abiad, her prospective employees, officers, agents, representatives, successors and/or assigns for any damages which may be sustained or suffered by me in connection with my association with or participation in or rising out of me traveling to and returning from said school to be participating in on the campus of Cleveland State University.

Applicant's Signature: _____ Parent/Guardian Signature: _____

Cleveland State University
Women's Basketball
2121 Euclid Ave., WO 121
Cleveland, OH 44115

2018

CLEVELAND STATE WOMEN'S BASKETBALL CAMPS & CLINICS

STEPHANIE BRUCE CAMPS

Medical/Insurance and Emergency Contact Information:

_____
Camper's Name

_____ _____
Insurance Company *Insurance Co. Phone #*

_____ _____
Policyholder's Name *Group Policy #*

List any medical conditions or special instructions the camp administrators should know:

_____

_____

_____

_____

_____

Emergency Contact Information:

_____ _____
Name *Relationship*

_____ _____
Primary Phone # *Alternate #*

Wavier and Release:

In consideration of my application being accepted, I, intending to be legally bound, do hereby, me heirs, and administrators, waive release and forever discharge all rights and claims for damages which I may have or which hereafter accrue to me against Cleveland State University, Basketball Camp or Stephanie Bruce, her prospective employees, officers, agents, representatives, successors and/or assigns for any damages which may be sustained or suffered by me in connection with, association with or participation in or rising out of me traveling to and returning from said school to be participating in on the campus of Cleveland State University.

_____ _____
Applicant's Signature *Date*

_____ _____
Parent / Guardian Signature *Alternate #*