

**2008 WESLEYAN WOMEN'S BASKETBALL
COLLEGIATE CAMP**
Thursday, June 26th

To register please complete the form and release below and mail with \$25 deposit by June 12th to:

**Wesleyan Women's Basketball
c/o Kate Mullen – Head Coach
Freeman Athletic Center
161 Cross Street
Middletown, CT 06459**

Please make all checks payable to Wesleyan Women's Basketball

Name: _____ Age: _____

Address: _____ City, State and Zip: _____

E-mail: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Graduation Date: _____

School Address: _____ City, State and Zip: _____

Height: _____ Position: _____

Reversible Jersey size (circle): Small Medium Large X-Large

Amount Enclosed: \$ _____

Medical Release

I, the undersigned, individually and as a parent and/or guardian of _____, a minor, ask that he be admitted to participate in the 2008 Wesleyan Women's Basketball Collegiate Camp. In consideration of such admission, I do hereby agree to release, discard, and hold harmless Wesleyan University and its employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of competition and/or activities held in connection with the camp.

Signature of Parent/Guardian _____ Date _____