

**NAIA
National
Tournament**

**2007-08
&
2008-09**

**Cascade
Conference
Champions**

2007-08

- 34 hours of SKILL DEVELOPMENT
- 8 to 1 Camper-Coach Ratio
- OFFENSE fundamental development
- Understanding the MENTAL ASPECT
- DEFENSIVE FOOTWORK and strategies
- Introduction of WEIGHT TRAINING
- CONDITIONING and footwork drills

**SOUTHERN
OREGON
UNIVERSITY
Ashland, Oregon**

SOU BASKETBALL CAMP

*Individual
&
Team*

JUNE 13 – 17, 2009

*Resident
&
Commuter*

SOU Girl's Basketball Camp

Application and Camp Cost: Camp is open to the first 150 girl's basketball players who send in their application along with a \$50.00 non-refundable deposit. The balance due is payable at registration upon arrival to camp June 13, 2009. Space is limited- we will fill up early.

Make Checks Payable to *SOU Basketball Camp*

Lodging and Meals: Lodging is provided by the University residence hall facilities. All linens are provided. The university will provide all meals. Price varies by camp plan. (Circle Plan and Shirt Size)

Plan #1: Commuter Plan- \$235.00 per camper
No Lodging/No Meals

Plan #2: Commuter w/meals- \$290.00 per camper
7 Meals included

Plan #3: Residence Plan- \$360.00 per camper
Lodging/11 meals included

T-Shirt Size (Adult Sizes) S M L XL XXL

Registration: Registration is on Saturday, June 13, 2009.* Located in McNeal Hall from 4:00 to 5:00 PM for all Resident campers and 5:00 to 6:00 PM for all commuters. Meals will not be served on Saturday night. A confirmation letter including a map will be sent upon receipt of the registration and deposit arrival.

Pick-up and Return: We can arrange to pick up individuals at Medford International Airport or the Ashland bus station on the days of check-in and check-out. We must be notified prior to the beginning of camp.

Camp Mission:

The SOU Basketball Camp is designed to teach the ideas, techniques, fundamentals, attitude, and discipline to be successful in basketball and everyday life.

Campers must range from 6th-12th grade.

For more information on the camp- contact Coach Kennedy at (541) 552-6044

What to Bring: Campers should bring basketball shoes, water bottle, plenty of shorts, shirts, socks and a swimsuit. In addition campers should bring soap, toiletries, towels and an alarm clock.

Deposit and Payment info:

A \$50.00 non-refundable deposit should be sent to SOU business services no later than June 1, 2009.

Visa or Master Card (circle one)

Total Amount to be charged \$ _____

Card # _____

Expires: _____

Signature: _____

Check or Money Order Enclosed:

Make checks out to: *SOU Basketball Camp*

Mail payment and registration to:
Jim Reisinger -Basketball Camp
1250 Siskiyou Boulevard
Ashland, OR 97520

Camper Name: _____

Address: _____

City: _____ State _____ Zip _____

School: _____ Grade Entering: _____

Release Form: Must be signed and returned with registration:

In consideration of the acceptance for the Southern Oregon University Basketball Camps, I, intending to be legally bound, hereby for myself, me heirs, executors, and administrators waive and release and all rights claims for damages which I may have against Southern Oregon University or Southern Oregon University Basketball Camps or its representatives and/ or assignees, for any and all damages which may be sustained and suffered by me in connection with my association with any portion of this camp or any related activities, and which may arise out of my traveling to or returning from this camp. I know of no medical or physical problem which may affect my ability to safely participate in this camp. I authorize the directors and staff to act in their best judgment in any emergency requiring medical attention. *Parents or guardians accept these provisions by their consenting signatures. (Required on all applications regardless of age of the participant).*

Parent or guardian (Please print name): _____

Parent or guardian signature: _____

Date: _____

Phone (home): _____ Phone (cell): _____

Email address: _____

Emergency contact information:

1. Contact/Relation/ Phone Number

2. Contact/Relation/ Phone Number

Insurance(medical): _____

Policy Number: _____

Medical concerns/ alerts/ allergies:
