



# Baldwin-Wallace College Women's Basketball



## Skills Camp June 27-30, 2011

9:00 am – 12:00 pm—Grades 2-5

1:00-4:00 pm—Grades 6-8

**Fundamentals ♦ Work Stations ♦ Competitions  
T-Shirts ♦ Fun ♦ Awards**

**Ages:** Entering Grades 2-8 (Grades as of August/Sept. 2011)

**Camp Goals:** Our main goal is to teach and develop the skills and concepts in the game of basketball. We will provide quality instruction and a positive fun-filled experience for all campers!

**Cost:\$85 Bonus: Free T-Shirt AND Basketball for all campers!**

**Registration:** All campers must complete an application. Applications will be processed on a first-come, first-served basis. A check of \$85.00 must accompany all applications (please make checks payable to B-W Women's Basketball). Registration will be open until June 22, 2011.

**Parents:** **First Aid** – A staff member certified in first aid will be on duty at all times.

**Camp Staff:** Led by Cheri Harrer and her coaching staff, along with current and former college players. Coach Harrer is in her 21st season at Baldwin-Wallace College and is the school's all-time winningest women's basketball coach. The coaching staff will also include several of the current B-W Women's Basketball players as well as other collegiate players.

**For More Information:** contact Alyson Campbell at (440) 826-3433  
or [acampbel@bw.edu](mailto:acampbel@bw.edu)

**INDIVIDUAL CAMP APPLICATION**

Complete this application form and mail this portion with a check for the full amount of \$85.00 (check payable to Baldwin-Wallace College) to: Women's Basketball, Baldwin-Wallace College, 275 Eastland Road, Berea, OH 44017-2088

**Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Cell phone** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

PLEASE PRINT

**Grade:** 2 3 4 5 6 7 8

**T-Shirt Order (Adult):** L M S -or- (Youth): L M

I authorize the staff at the B-W Basketball Camp to act according to their best judgment in any emergency requiring medical attention and I waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in camp. I also give permission to the licensed physician selected by the camp staff to hospitalize or to secure proper treatment, anesthesia or surgery for my child in an emergency.

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

