

JACKIE STILES' COLLEGIATE SKILLS CAMP

e-mail:jackie.stiles@lickingcamps.com Or Regular Mail to:

Heart of the Ozarks Athletics

PO Box 20501 • St. Louis, MO 63139

YOU WILL RECEIVE A CONFIRMATION E-MAIL AFTER YOUR ENTRY IS RECEIVED

Personal Information

Name _____ College _____ Major _____

Home Address _____ State _____ Zip _____

Athlete's E-Mail Address _____ GPA _____

Home Phone _____ Cell Phone _____

College Coach's Name _____ Office Phone _____

Coach's e-mail address _____

Emergency Contact Name _____ Relation _____ Phone _____

Camp(s) will you attend
 May 23-26 Springfield, MO
 July 17-20 Portland, OR
 May 16-19 Philadelphia, PA
 May 29-June 1 Jefferson City, TN
 Level II Camp: July 31-August 3 Philadelphia, PA
 May 19-22 Philadelphia, PA
 June 27-30 Springfield, MO

Commuter Overnight (room and board) Roommate Preference: _____

Athletic Information

Height _____ Weight _____ Age _____ Grade Fall 2010 _____ Bench Press Max. _____ Vertical Jump _____

List your strengths as a player:

List areas you can make the most improvement in:

List your individual goals for the upcoming season:

List your team goals for the upcoming season:

Release – Waiver of Liability and Proof of Insurance: I/we the undersigned on behalf of myself and my/our child listed above understand all the risks associated with the sport of basketball and basketball camp participation and do hereby hold harmless and release, waive and covenant not to sue any member of the camp coaching staff, the host institution as well as its employees and board members, or J. Stiles Total Training from any and all claims of liability. I/we further consent my/our child is physically able to participate in the camp, and I/we authorize the coaching members of the camp to escort my/our child to the hospital upon emergency. In addition, I/we verify my/our child has accident insurance coverage and I/we will accept all financial responsibilities of injuries arising from participation in this camp. Parent or guardian must sign if athlete is under 18 years of age.

Signature _____ Date _____

Check if payment is enclosed: _____ \$425 overnight _____ \$350 Commuters