



WAYNE STATE COLLEGE TEAM CHAMPIONSHIP SHOOTOUTS

WHAT: Varsity and Junior Varsity Team Shootouts

DATES: Varsity Boys' June 1, 2013 (Saturday).....\$40/camper (7 player minimum)
Junior Varsity Boys' June 1, 2013 (Saturday).....\$40/camper (7 player minimum)

**3 Game
Guarantee**

Coach:

Hope all is well. Included in this note you'll find the necessary forms to register for our Varsity & Junior Varsity Team Shoot-Out being held on June 1, 2013. Last June, 18 teams participated in our team shoot-outs and we look to build on the success of last summer's events.

We believe the one day event and the **Varsity and Junior Varsity Shoot-Out being held on the same day** provides you as coaches with less scheduling problems and keeps the travel and total cost to a minimum.

Registration

1. There is online registration available at wscmensbasketballcamps.com (online registration fee is not included in shoot-out fee)
2. Each player can fill out the attached form. If you choose to register through the attached form, then please send in all of the registration forms, with payment, together. Please have at least **7 players per team**.

Cost

\$40/camper (**Must have at least 7 players on each team...\$40 x 7=\$280**)

If payment is coming from athletic department, please make sure check payment and number of forms match

Forms Included

1. Individual Registration
2. Individual Medical Form
3. Team Roster

****If you choose to register online, please send in a team roster as well****

If you have questions, feel free to give us a call at 402-375-7515 or 402-375-7728 or email alwashi1@wsc.edu or jopugli1@wsc.edu. We are very excited to be offering this set of shoot-outs this summer and believe it will give all of you a great opportunity to play in a competitive environment.

Varsity & Junior Varsity Tournament Specifics:

- ** 3 game guarantee
- ** 2/20 minute halves (clock stops last 2 minutes of each half)
- ** Certified Officials
- ** Wayne State Men's Basketball T-Shirt provided to each player
- ** Games will be held in both the Wayne State College Rec Center and in Rice Auditorium "Home of the Cats"

Go Cats!!

Men's Basketball Staff



INDIVIDUAL PLAYER INFORMATION

****MUST BE FILLED OUT AND RETURNED WITH PAYMENT****

Player Information

Name _____ Birth date ____/____/____ Grade Level (Entering) _____
School _____ (circle one) Varsity Junior Varsity
HS Coach _____ HS Coach Phone # _____
Mailing Address _____
City _____ State _____ Zip Code _____
Father's Name _____ Phone Number _____
Mother's Name _____ Phone Number _____
In Case of Emergency contact: _____ Phone Number _____
Insurance Company _____ Policy Number _____

Wayne State Men's Basketball T-Shirt Size (Circle One): YS YM YL S M L XL

Camp Cost (Mark One Below)

_____ Varsity Shoot-Out \$40
_____ Junior Varsity Shoot-Out \$40

MAKE CHECKS PAYABLE TO: Wayne State College

Attn: Mitch DeBoer
1111 Main Street
Wayne, NE 68787

Medical History

Birth Deformities: _____

Medical Conditions currently under treatment/Medical disorders or convulsions

Preexisting injuries under treatment

Fractures or other disability-type injuries

Allergies (drugs, food, asthma, etc.)

Medications required or presently taking

I do hereby release the Board of Trustees of the Nebraska State Colleges, Wayne State College, the WSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the WSC Athletic Camp. I hereby authorize the staff of Wayne State College and the WSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I further give my permission for Wayne State College and the WSC Athletic Camp to use, for publicity or advertising purposes, any photographs taken of me at the camp.

Parent/Guardian (required for all participants)

Date

Participant

Date



TEAM ROSTER INFORMATION

****IF SENDING IN CHECKS INDIVIDUALLY, PLEASE LIST ALL PLAYERS WSC SHOULD RECEIVE PAYMENT FOR****

****IF SENDING MULTIPLE TEAMS, PLEASE FILL OUT SEPARATE ROSTERS FOR EACH TEAM****

WALK-INS WILL BE ACCEPTED: PAYMENT & MEDICAL INFORMATION MUST BE RECEIVED PRIOR TO PARTICIPATION

UPDATES ON TOURNAMENT SCHEDULE AND OTHER IMPORTANT INFORMATION WILL BE SENT VIA EMAIL

HIGH SCHOOL NAME _____

LEVEL (circle one)

VARSITY

JUNIOR VARSITY

HIGH SCHOOL COACH _____

HIGH SCHOOL COACH PHONE NUMBER _____

HIGH SCHOOL COACH EMAIL ADDRESS _____

HIGH SCHOOL COACH T-SHIRT SIZE

S

M

L

XL

XXL

WILL YOU BE COACHING TEAM (circle one)

YES

NO

IF NO...COACH NAME _____

IF NO...COACH PHONE NUMBER _____

IF NO...COACH EMAIL ADDRESS _____

PLAYER NAME

YEAR IN SCHOOL (ENTERING)

T-SHIRT SIZE

1.	_____	9	10	11	12	S	M	L	XL	XXL
2.	_____	9	10	11	12	S	M	L	XL	XXL
3.	_____	9	10	11	12	S	M	L	XL	XXL
4.	_____	9	10	11	12	S	M	L	XL	XXL
5.	_____	9	10	11	12	S	M	L	XL	XXL
6.	_____	9	10	11	12	S	M	L	XL	XXL
7.	_____	9	10	11	12	S	M	L	XL	XXL
8.	_____	9	10	11	12	S	M	L	XL	XXL
9.	_____	9	10	11	12	S	M	L	XL	XXL
10.	_____	9	10	11	12	S	M	L	XL	XXL
11.	_____	9	10	11	12	S	M	L	XL	XXL
12.	_____	9	10	11	12	S	M	L	XL	XXL

****ALL TEAMS MUST HAVE AT LEAST 7 PLAYERS****