

UNIVERSITY OF NORTHERN IOWA 2011 BOYS BASKETBALL CAMP



JUNE 3-5 BIG MAN / GUARD CAMP
JUNE 11-12 TEAM CAMP I
JUNE 13-16 INDIVIDUAL DAY CAMP
JUNE 18-19 TEAM CAMP II

PANTHER BASKETBALL
WWW.UNISPORTSCAMPS.COM

CAMP STAFF

**Head Coach
Ben Jacobson**



- Fifth season as head coach at the University of Northern Iowa
- Led UNI to the Sweet 16 in 2010 NCAA Tourney
- 2009 & 2010 Missouri Valley Coach of the Year
- 2009 & 2010 MVC Regular Season Champs
- 2009 & 2010 MVC Tournament Champs
- 2009 & 2010 NCAA Tournament Appearances
- Fastest coach to 100 wins in the history of UNI men's basketball
- One of only four programs in the history of the MVC to secure back-to-back league tournament titles

"The goal of our camps is to provide each camper with a positive fun-filled learning experience. The camp is designed to provide personal attention to help you improve your basketball fundamentals. You will also have the opportunity to develop team skills during our league play several times each day."

"The camp will be staffed by University of Northern Iowa coaches, past and present players along with top-notch high school coaches from across the Midwest. Register now and get in on all the fun. I am looking forward to working with you!"

Ben Jacobson

STAFF



Ben Johnson
Assistant Coach



Kyle Green
Assistant Coach



P.J. Hogan
Assistant Coach



Derrick Netten
Director of Basketball Operations

RELEASE & MEDICAL INFORMATION

I hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any sports camp activity (including residence hall activity and transportation). As parent/guardian, I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the sports camps and their officers, employees, agents, instructors and all participants in the sports camp program (collectively, the "Releasees") from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in the sports camp and sports camp activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand **each** student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the University of Northern Iowa Panther Sports Camp(s).

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in camp activities.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

Parent/Guardian Signature _____

NOTE: SIGNATURE IS REQUIRED IF THE PARTICIPANT IS UNDER 18. PLEASE PRINT ALL INFORMATION. REGISTRATION WILL NOT BE PROCESSED AND PARTICIPATION WILL NOT BE ALLOWED UNTIL THIS FORM IS COMPLETED AND RECEIVED BY THE SPORTS CAMPS ADMINISTRATION OFFICE.

NOTE: A SEPARATE FORM IS REQUIRED FOR EACH STUDENT.

Student's Name _____

2011 Camp(s) Attending _____

Father's/Guardian's Name _____

Day Phone (____) _____ Evening Phone(____) _____

Mother's/Guardian's Name _____

Day Phone (____) _____ Evening Phone(____) _____

Any serious medical conditions (e.g., diabetes, asthma, epilepsy) _____

Medications currently taking and dosages _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Allergies _____

Emergency Contact Name _____

Phone (____) _____ Alternate Phone(____) _____

Parent/Guardian Signature _____ Date _____

Family Physician _____ Phone(____) _____

Medical Insurance Co. _____

Policy No. _____ Date of last tetanus immunization _____

Return completed form by mail to: UNI Sports Camps - MBB, 2401 Hudson Road, North Dome 268, Cedar Falls, IA 50614-0310;
by fax to: 319-273-4700.