

# APPLICATION: 2015 ELITE CAMP

Name \_\_\_\_\_  
Grade (as of 9/14) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email address \_\_\_\_\_  
Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
School \_\_\_\_\_

## Insurance and Emergency Information

Name of Parent or Legal Guardian:

\_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Holder Date-of-Birth \_\_\_\_\_

**Risk Waiver** - All camp participants must submit a signed Acknowledgement and Release Agreement prior to attending camp. The waiver should be sent with the registration form by mail.

**CAMP TUITION IS: \$375 / Resident  
\$300 / Commuter**

\$50 is due with application (nonrefundable). Remainder is due by first day of camp.

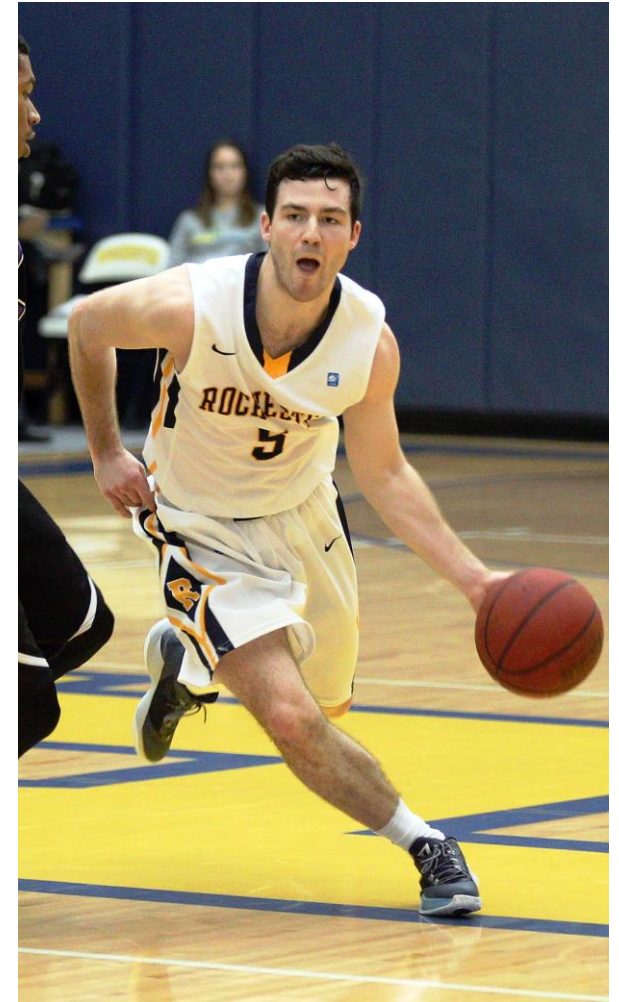
Payments may be made by cash or check and are accepted by mail. **If you wish to pay by credit card, all payments must be made IN PERSON at the Goergen Athletic Center front desk.**

## **MAKE CHECK PAYABLE TO:**

University of Rochester Boys' Basketball Camp  
Luke Flockerzi, Director  
Goergen Athletic Center  
PO Box 270296  
Rochester, NY 14627-0296

**NATIONAL CHAMPIONS  
DIVISION III  
1990  
FINAL FOURS  
1990, 1992, 2002, 2005**

# 6<sup>th</sup> ANNUAL



**UNIVERSITY of ROCHESTER  
MEN'S BASKETBALL  
ELITE CAMP**

**August 7-9, 2015  
GRADES 10-12**

# UNIVERSITY OF ROCHESTER Men's Basketball 2015

## ELITE CAMP

Friday, August 7<sup>th</sup> – 5pm

Sunday, August 9<sup>th</sup> – Noon

**GRADES 10-12**



This camp is geared toward high school basketball players who aspire to play in college. Over the course of the camp there will be five intense sessions run like college basketball practices. The focus of the camp will be on skill development and instruction. Scrimmages will allow campers to implement newly learned skills.

### INSTRUCTION TO INCLUDE:

#### **BALL HANDLING**

Using Body / Protecting Ball  
Developing Off-hand  
Dribble Moves

#### **PASSING**

Passing Angles / Feeding the Post  
vs. Pressure

#### **DEFENSE**

On Ball, Off Ball, vs. Screens  
Post Defense, Perimeter Defense,  
Shot-Blocking, Talking  
Help & Recover vs. Penetration

#### **SCREENING**

Setting Screens, Using Screens w/ Dribble,  
Using Screens w/out Ball

#### **FOOTWORK**

Jump-stop and Pivot, Defensive Slides  
Establishing Post Position, Playing 'BIG'  
Low/High Post Moves

#### **SHOOTING**

Foul-shooting, Off Dribble, Off Pass  
Off Screens

#### **READING DEFENSES**

Attacking Zones, Presses, Mismatches

#### **FAST BREAK**

Receiving Outlet-pass, Reading the #'s  
Decision-making

#### **REBOUNDING**

Boxing-Out, Outlet Passing  
Offensive Rebounding

**PLUS: COLLEGE RECRUITING EXPOSURE – COLLEGE COACHES WILL ATTEND, “HOW TO BE RECRUITED” SEMINAR, FINANCIAL AID INTRODUCTION, WEIGHT TRAINING IDEAS, OPTIONAL CAMPUS TOUR (after camp on Sunday).**

### Instruction will be given by UR staff:

Head Coach Luke Flockerzi and his staff will direct the camp. Flockerzi has led UR to two University Athletic Association



Championships and two NCAA tournament berths in five seasons at Rochester. His staff will be joined by other head and assistant college coaches, as well as current and former UR players.

### UR teams have appeared in 18 NCAA Tournaments:

National Champions – 1990  
National Runner-up - 1992, 2005  
Final Four - 1990, 1992, 2002, 2005  
Sweet 16 - 1981, 1990, 1991, 1992, 2002, 2003, 2004, 2005, 2008, 2011

**FEE: \$300.00 Commuters/\$375.00**

**Resident** (Practice jersey & meals included).



**The Louis Alexander Palestra**



# UNIVERSITY of ROCHESTER

## **PART I** **Acknowledgement and Release Agreement**

I, \_\_\_\_\_, wish to participate in the Men's Basketball Elite Camp (the Activity) offered by University of Rochester. As a precondition to my participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. **Assumption of Risk.** I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the reverse side of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction.

Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that I may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees"). I understand that I am not required to participate in the Activity and that I choose to do so voluntarily and free of duress.

2. **Liability Release.** In consideration for U of R allowing me to participate in the Activity, I agree I will not sue the Releasees and I hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that I may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.

3. **Statement of Physical Fitness.** I state that I am physically fit and in a condition that will allow me to participate fully and safely in the Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity and Releasees are relying on my statement of my physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in the Activity.

4. **Emergency Medical Treatment.** I grant the Releasees permission to authorize emergency medical treatment as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.

5. **Governing Law.** I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

*In the event of an emergency, the emergency contact that is listed on my registration form will be contacted via phone by a staff member as soon as possible.*

### **ACTIVITY DETAIL FORM**

**Name of Activity:** University of Rochester Men's Basketball Elite Camp

**Date(s) of Activity:** August 7-9, 2015

**Location of Activity:** University of Rochester River Campus

**Description of Activity:** Basketball Camp geared towards high school players who wish to play at the college level.

**Various activities including, but not limited to:** Basketball-related drills and competitions; Swimming.

**By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed here:**

Physical injury, including but not limited to broken bones, concussions or other head injuries, organ damage, torn ligaments and tendons, cardiac injury, and even death. These may be accompanied by psychic injury or mental anguish. These risks may result from participation in practices, training drills and competitions, and during travel to and from practices and competitions.

**In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.**

\_\_\_\_\_  
Name of Participant (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.** (Rev. 4/98)

**(SEE REVERSE)**

**PART II**

**University of Rochester Men's Elite Basketball Camp**

**Rules and Regulations**

- 1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- 2) Participants may not leave University property or the program without permission of the Program Sponsor.
- 3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- 4) No use of tobacco products.
- 5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.
- 6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.
- 7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.
- 8) By signing this agreement, I declare that I have read, understand, and approve the rules, and wish to participate in this camp.

*Any participant who is found behaving in direct violation of these rules will be removed from the camp immediately.*

**In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.**

\_\_\_\_\_  
Name of Participant (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Date

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**(PLEASE DETACH AND KEEP PART III FOR YOUR RECORDS)**

**PART III**

**Emergency Contact Information**

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR Security, please use the contact information listed below to reach the staff members.

Name: Luke Flockerzi Office: 585-275-4306 Cell: 413-478-2340

UR Security – (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.