University of Rochester Men's Basketball FALL CLINIC

Sundays: 10am to 12pm

September 29, October 13th, 20th, 27th

November 3rd

(*No camp on October 6)

Grades 3-12

The fall clinic is designed to help basketball players of all ages prepare for their upcoming basketball season and tryout. The focus of the camp will be on skill development and instruction. Over the course of five weeks, we will focus on basketball fundamentals, teach new skills and compete.

FEE: $100.00

Yellowjackets Basketball t-shirt included.

*All proceeds will go to the University of Rochester Men's Basketball next foreign trip.

FALL INSTRUCTION

UR basketball staff and players:

Head Coach Luke Flockerzi and his staff will oversee camp, but the University of

Rochester basketball players will direct the camp. Flockerzi has led UR to two UAA Championships and three NCAA tournament berths in eight seasons at Rochester. Last year the Yellowjackets made it to the NCAA Elite Eight and finished with a record of 24-5.

Instruction will include:

*Campers will be grouped by both age and ability.

BALL HANDLING
Using Body / Protecting Ball
Developing Off-Hand
PASSING
Getting Open / Passing Angles
Feeding the Post
DEFENSE
On Ball / Off Ball / Post Defense
Perimeter Defense
SCREENING
Using Screens w/ Dribble
Using Screens w/out Ball
FOOTWORK
Jump-Stop and Pivot / Defensive Slides
Low Post Moves
SHOOTING
Off Dribble / Off Screens / Catch and Shoot

APPLICATION

2019 UR MEN'S BASKETBALL FALL SKILLS CLINIC

Register Online at www.URBoysBasketballCamp.com

Name_____

Address_____

City_____ State____ Zip_____

Telephone_____

Parents' Email_____

Age (as of **9/19**) _____

School _____ Birth Date _____

T-shirt size (circle one): YM YL AS AM AL AXL

Insurance and Emergency Information

Parent/Legal Guardian Name
_____

Parent/Legal Guardian Phone _____

Emergency Contact (2) _____

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Policy Holder _____

Policy Holder Date-of-Birth _____

CAMP TUITION IS $100
$50 due with application / nonrefundable / part of total cost
All sessions are included in the price / absences are nonrefundable/ no per session rate available

MAKE CHECK PAYABLE TO:
University of Rochester Men's Basketball
Luke Flockerzi, Director
Goergen Athletic Center
PO Box 270296
Rochester, NY 14627-0296

For Information call (585) 275-4306
lflockerzi@sports.rochester.edu

UNIVERSITY of ROCHESTER

PART I

Acknowledgement and Release Agreement

I, _____, am the parent or legal guardian of _____, whom I wish to participate in the Men's Basketball Fall Clinic (the Activity) offered by University of Rochester. As a precondition to Participant 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 do to 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 Fall Clinic
Date(s) of Activity: September 29, October 13th, 20th, 27th, November 3rd
Location of Activity: University of Rochester River Campus

Description of Activity: Participation in basketball (sport), which may include training, practices, drills and competitions, some of which may involve bodily contact with others and with equipment. The University of Rochester Fall Clinic is designed to teach and drill campers in individual and team fundamentals of basketball. Campers will be grouped by age and ability. Instruction in fundamentals will be based on the skill level of the group. Competitions will also be grouped by age and ability. Competitions will include individual skill contests as well as 3 versus 3 and 5 versus 5 games. Campers will have the opportunity to receive extra individual instruction throughout. **Various activities including, but not limited to:** Basketball-related drills and competitions.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below: Physical injury, including but not limited to broken bones, concussions or other head injuries, organ damage, tom 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 (or that I am the Parent/Guardian of the Participant if he or she is under 18).

_____ _____

Name of Parent or Legal Guardian (printed) Signature

_____ _____ _____

Name of Participant (printed) Phone number where parent/legal guardian can be reached in case of emergency Date

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

PART II

University of Rochester Fall Clinic

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) As the parent or legal guardian, I declare that I have read, understand, and approve the rules, and give permission for my child to participate in the University of Rochester Men's Basketball Fall Clinic.

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 Parent or Legal Guardian (printed) Signature

_____
Name of Participant (printed)

_____
Date

(PLEASE DETACH AND KEEP PART III FOR YOUR RECORDS)

PART III

Emergency Contact Information
(Parent/Guardian to keep this page)

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.