



2017 Red Flash Elite Camp

Camp open to any High School Aged Girls

June 18th-Session One
DeGol Arena | Saint Francis University
\$50 per camper

Snack and T-Shirt Included

*Alternate Dates: June 19, 20, 21-contact Rachel Halaszynski for
details*

Elite Camp Itinerary

2:30 p.m. - Registration at DeGol Arena

2:50 p.m. - Stretch/Warm-up

3:20 p.m. - Practice and Team Drills

4 p.m. - Shooting Drills

4:20 p.m. - Games

4:45 p.m. - Break

5:15 p.m. - Warm-Up

5:30 p.m. - Offensive Stations

6:20 p.m. - Games

6:45 p.m. - Camp Ends

Important Information

Questions? Call Director of Ops Rachel Halaszynski
.....814-471-1188

..... Rhalaszynski@francis.edu

GPS Address..... 140 Lakeview Dr.
Loretto, PA 15940

REGISTRATION FORM

Name _____

Age _____ Height _____ Weight _____ Grade Fall '17 _____

Adult Jersey Size (circle one) S M L XL

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Email _____

School _____ Coach _____ Phone # _____

Summer Team _____ Coach _____ Phone # _____

Parent/Guardian Name _____

Parent/Guardian Authorization

RELEASE FORM

I, _____ the undersigned, am the parent or legal guardian with the authority to execute this Agreement and Release on behalf of _____. My son/daughter has permission to attend and participate in the Saint Francis University _____. I agree that all participants must have their own health insurance coverage. As a parent or guardian, I also agree that I or my insurance carrier will bear the financial responsibility for any medical treatments administered which might be over the insured level of the camp plan. The camp does not assume responsibility for illness or injuries sustained during camp. I affirm that my child had a physical examination within the last calendar year and is physically fit to participate in all camp activities. In the event of illness or injury requiring medical attention and I cannot be contacted at the phone number(s) listed, I hereby authorize the camp directors to act for me according to their best judgment. I relieve the camp of any responsibility for any illness or any injuries that may occur. The camp is not responsible for lost valuables or money. Now, therefore, in consideration for my son/daughter being allowed to participate in this activity, I agree for myself and my son/daughter to indemnify and hold the supervisor(s) and coordinator(s) of this activity, Saint Francis University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which they may incur as a result of my son/daughter's participation in this activity(ies), even if due to the negligence of Saint Francis University or any person serving in the above-identified capacities even if the claim is brought by my son/daughter on their own behalf. I have read the above terms of this agreement/release, and I understand and voluntarily agree to the terms and conditions. This agreement/release shall be binding upon the heirs, executors, and assigns of the undersigned.

Player's Name _____

Parent's Name _____ Home Phone _____ Cell Phone _____

Parent's Signature _____ Date _____

Health Insurance Co. _____ Policy # _____

Please make checks payable to *Saint Francis University*

**Or pay at the door, day of camp*

Mail this form and your check to:

Saint Francis University
SFU Summer Sports Camps
140 Lakeview Dr.
Loretto, PA 15940



11-Time Northeast Conference Champions