**2019 Texas Lutheran University Basketball Elite Camp**

**Elite Camp**

 

Come out and enjoy a full day of fun with our players and coaching staff. We look forward to helping you get better on the court as well as teaching you personal values that will help you succeed in life! We hope to see **YOU** there!!

**September 14th 11 AM – 4 PM**

* Camp Includes: Individual Skill Work, Competitive Drills, and 5-on-5 games
* Campers will receive instructions from the entire TLU coaching staff and current players
* Camp also includes an admissions and financial aid workshop, a campus tour, and a tailgate with the current Bulldog basketball team
* Campers and guests are invited to attend the TLU home football game @ 6 PM
* Camp is open to Sophomores, Juniors, and Seniors, Boys grades 10-12. **CAMP FEE: $30**
* Parking will be available on the south side of Jones Complex.

**(REGISTRATION IS DUE BY SEPTEMBER 7TH!!!)**

**Camp Itinerary is included on the back of this page**

**TLU ELITE CAMP ITINERARY**

10:30 – 11:00 – CHECK-IN/REGISTRATION

11:00 – 11:45 – FINANCIAL AID & ADMISSIONS PRESENTATION

11:45 – 12:45 – WARM-UP/STRETCH & FULL COURT DRILLS

12:45 – 1:45 – STATION DRILLS

1:45 – 3:45 – FULL COURT GAMES

3:45 – 4:00 – COOL DOWN & CLOSING REMARKS

4:00 – 5:00 – CAMPUS TOUR

5:00 – 6:00 TAILGATE BEFORE FOOTBALL GAME W/ FOOD AND DRINKS

6:00 – 9:00 TLU FOOTBALL GAME VS. HENDRIX

****



**NAME: PHONE: E-MAIL:**

**HOME ADDRESS: CITY: STATE: ZIP:**

**PARENT’S NAME: PHONE: E-MAIL:**

**HIGH SCHOOL: GRAD YEAR:**

**PPG: RPG: APG: SPG: BPG:**

**BASKETBALL AWARDS:**

**ACADEMIC AWARDS:**

**GPA: SAT (MATH & READING): ACT:**

**Do plan to attend the TLU football game? \_\_\_\_\_\_ If Yes, Total Tickets Needed\_\_\_\_\_\_\_\_**

**Contact Info/Register To: For Additional Information Please Contact:**

**ATTN: Men’s Basketball Head Coach Mike Wacker-(210)-573-3965 (or)**

**Texas Lutheran University coachwacker@gmail.com**

**1000 W. Court St. Associate Head Coach Austin Falke-(512)-269-6217**

**Seguin, Tx 78155 (or) afalke@tlu.edu**

**Assistant Coach Jacob Kouremetis-(210)-638-9251 (or)**

**jamkouremetis@tlu.edu**

**Health History Form located on back of this page. Please fill out the registration form along with the Health History form and send to the address above along with payment. Cash or Checks are welcome. Please make Checks out to TLU Men’s Basketball. We hope to see you on the 14th!**

**Emergency Contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Physicians Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physicians Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact if parents can’t be reached:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: No camper will be permitted to leave camp unless accompanied by an authorized adult.**

**Health History**

**Allergies**

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Insect,etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Seizures \_\_\_Asthma

\_\_\_Diabetes \_\_\_Ear Infections

\_\_\_Heart Disease \_\_\_Back Problems

\_\_ADHD \_\_Emotional Difficulty

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent Operations/Injuries/Illnesses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limitations to Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First aid provider may give my child the following:

\_\_Ibuprofen \_\_Acetaminophen (i.e. Tylenol)

\_\_Chloroseptic Losenges

\_\_Diphehydramine (Antihistamine, i.e. Benadryl)

\_\_Imodium AD \_\_Caladryl Lotion

\_\_Decongestant (i.e. Sudafed)

If at any time it is necessary for my child/ward, hereinafter referred to as “camper”, to receive outside or professional medical attention for an injury sustained at Texas Lutheran University’s (TLU) Camp, hereinafter referred to as “camp”, I hereby give my consent to the camp director to secure necessary services. The camp director will attempt to contact me, but the TLU athletic trainer, camp nurse, or the Guadalupe Regional Medical Center and its doctors and nurses have my permission to treat and/or prescribe medications to the camper while enrolled or participating in any activity under the auspices of TLU. Also, I do hereby for myself, my heirs, executors, and administrators release, absolve and hold harmless the camp, its employees and agents from any and all liability for any injuries, illnesses, or damage to person or property incurred while at camp, which may include but are not limited to cuts, bruises, sprains, strains, and broken bones.

In accordance with the rules of TLU’s camp, I, the undersigned parent and/or legal guardian, hereby give my consent for my child/ward to participate in all camp activities except:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

**GO BULLDOGS!**