



**WOMEN'S BASKETBALL**

# SPRING PROSPECT DAY

**MAY 9, 2020**

**10 A.M.–3 P.M.**

**DICKINSON COLLEGE KLINE CENTER**

**Open to all high school players.  
Come see what Dickinson has to offer.**

A certified athletic trainer will be present.  
Registration fee includes T-shirt and lunch.  
Info session included.

10 a.m. Registration

10:30 a.m.-12 p.m. On Court Session 1

12-12:30 p.m. Lunch

12:30-1:15 p.m. Admissions Session

1:30-3 p.m. games



**REGISTRATION FEE \$75**

Register online at [haysbasketballcamps.com](http://haysbasketballcamps.com), via email at [howardjo@dickinson.edu](mailto:howardjo@dickinson.edu), or by mail at the address below:

**Dickinson College  
Women's Basketball, Attn Coach Howard  
P.O. Box 1773  
Carlisle, PA 17013**

Make checks payable to Dickinson Women's Basketball

**HOTEL INFORMATION** Comfort Suites in Carlisle has amenities like free Wi-Fi, free breakfast and a fitness room. It also is pet friendly and located in Carlisle's historic downtown.

For more information or questions, please contact Coach Howard at [howardjo@dickinson.edu](mailto:howardjo@dickinson.edu).

Learn more about Dickinson at [www.dickinson.edu](http://www.dickinson.edu).

# WOMEN'S BASKETBALL SPRING PROSPECT DAY REGISTRATION FORM

NAME \_\_\_\_\_ GRAD. YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL \_\_\_\_\_

POSITION \_\_\_\_\_ HEIGHT \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

AAU \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT, IF WE ARE UNABLE TO REACH PARENT OR GUARDIAN

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

IN WHOSE NAME IS THE INSURANCE LISTED? \_\_\_\_\_

If your child sustains an injury that requires attention and it lasts more than three days, he/she should be seen by a physician after returning home.

Please list any medications your child is currently taking:

PRESCRIPTION \_\_\_\_\_

OVER THE COUNTER \_\_\_\_\_

DRUG SENSITIVITIES \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DATE OF LAST TETANUS \_\_\_\_\_

Significant medical history (diabetes, heart, asthma, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any significant injuries or been hospitalized for injuries/ illnesses? Please be specific and give the approximate date.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child sustains an injury that requires attention and it lasts more than three days, he/she should be seen by a physician after returning home. Please read, date and sign.

I verify that my child has been checked by a physician in the last year and is physically able to participate in the basketball clinic. If my child needs medical treatment while participating in the camp, it is my wish that treatment be started immediately if it is deemed necessary by a physician or certified athletic trainer, with the understanding that every effort will be made to notify me in case of any major injury or illness. I will accept responsibility for all costs related to such treatment.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RELEASE OF LIABILITY \_\_\_\_\_

I, the undersigned as the parent/guardian of my child,

\_\_\_\_\_

a minor, request that he/she be admitted to participate in the Dickinson College Women's Basketball Prospect Clinic. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff at Dickinson College from all cases, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising from the minor's attendance at the clinic or in the course of competition and/or activities held in connection with the sport clinic.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_