

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this form prior to the camp's start date. Otherwise, parent or guardian must be contacted prior to release to participate.

PHYSICIAN'S AUTHORIZATION

This is to certify that this individual was examined by me on _____ (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports. (School physical form acceptable if valid within one year of the starting date of camp.)

Date of physical exam _____ Allergies/Drug sensitivities _____

Other medical problems/current medications _____

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Yes No

Signed (Physician) _____ Date _____

Address _____ Office Phone _____

RELEASE OF LIABILITY, MEDICAL AND SURGICAL AUTHORIZATION

In consideration of the Cyclone Boys Basketball Camps/Clinics of Iowa State University granting the student permission to participate in Cyclone Boys Basketball Camps/Clinics, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Boys Basketball Camp/Clinic activity. As guardian I do hereby release the State of Iowa, Iowa State Board of Regents, Iowa State University, Cyclone Boys Basketball Camps/Clinics and their officers, employees, agents, all instructors, and all participants in said Cyclone Boys Basketball Camps/Clinics from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Cyclone Boys Basketball Camp/Clinics Activities.

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Health Service or other hospitals and clinics.

Parent's/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

INSURANCE INFORMATION (please print)

Name _____

Insurance Company _____

Insurance Co. Address _____

Policy No. _____

Policy Holder _____

Does your insurance carrier require prior approval? Yes No

This form must be returned with your application.

HEAD COACH



Head Coach Greg McDermott

"The goal of our camps is to provide each camper with a positive fun-filled learning experience. The camp is designed to provide personal attention to help you improve your basketball fundamentals. Our program has had great success by developing players through individual and team skill work. You will also have the opportunity to develop team skills during our league play several times each day."

ASSISTANT COACHES



T.J. Otzelberger

"The camp will be staffed by Iowa State University coaches, past and present Cyclone players, along with outstanding high school and college coaches from across the Midwest. Register now and get in on all the fun. I am looking forward to working with you."



Daniyal Robinson



Jeff Rutter

"Our camps at Iowa State will continue to provide young players an opportunity to experience outstanding teaching from our Cyclone Basketball staff. Every camper will have the chance to get to know our great staff and interact with ISU players as they serve as counselors. It is my hope that the Iowa State Basketball Camp will be a highlight of your summer activities."

- Coach McDermott



Ron Smith



Erik Crawford



Cyclone Boys Basketball Camps
Iowa State University
383 Hilton Coliseum
Ames, IA 50011-1111

BOYS BASKETBALL CAMPS 2009



ISU



- June 7 Elite Camp
- June 8-11 Day Camp - Half or All Day
- June 12 Offensive Improvement Camp
- June 12-13 Father-Son Camp
- June 15-17 Academy Camps
- June 20-21 Skill Camp
- June 27 Team Camp I
- June 28 Team Camp II
- June 27 & 28 Team Camp I & II

ELITE CAMP

Elite Camp **June 7**
Check-in: Sunday, 9:00 a.m. - 10:00 a.m., State & Beyer Gym
Session Time 1: 10:00 a.m.-12:00 p.m. **Session 2:** 1:30 p.m.-4:00 p.m. **Session 3:** 5:30 p.m.-8:00 p.m.
Check-out: Sunday, 8:00 p.m.
 Grades 9-12 Prior experience in a competitive camp or as a starter recommended. Camp is designed for college-bound student-athletes. Individual and team instruction will be for the advanced player. Lunch & Dinner included. Shirt & shorts provided. **LIMITED ENROLLMENT - PRE-REGISTRATION REQUIRED.**

DAY CAMP

Day Camp **June 8-11**
Check-in: Monday, 8:00 a.m. - 9:00 a.m., State & Beyer Gym
Morning session = 9:00 a.m. till 12:00 noon – Monday through Thursday = \$100
Afternoon session = 1:00 p.m. till 4:00 p.m. – Monday through Thursday = \$100
All Day = 9:00 a.m. till 4:00 p.m. Lunch included from 12:00 – 1:00 p.m. = \$190
 Boys grades K-9 Campers will learn through skill work within the team concept, contests, league games and awards. Each camper will receive Cyclone Basketball and t-shirt.

OFFENSIVE IMPROVEMENT CAMP

Offensive Improvement Camp **June 12**
Check-in: 8:00 a.m. - 9:00 a.m., State & Beyer Gym
Check-out: 4:00 p.m.
 Grades 4-10 Develop proper shooting form, offensive skills, footwork, movement and timing through various drills in this one day camp. Time: 9:00 a.m. till 4:00 p.m., Friday, June 12th. Each camper will receive Cyclone Basketball and t-shirt. Lunch is included.

FATHER-SON CAMP

Father-Son Camp **June 12-13**
Check-in: Friday, 6:00 p.m. - 6:45 p.m., State & Beyer Gym
Activity Times: Day 1: Session 1: 7:00 p.m. - 9:30 p.m.
Day 2: Session 2: 9:00 a.m.- 11:30 a.m. **Session 3:** 1:00 p.m. - 4:00 p.m.
Session IV: 6:00 p.m. - 8:00 p.m. **Check-out:** 8:00 p.m.
 Grades K-10 A great way to spend a father and son weekend! Get a chance to play the game that you and your son love while receiving excellent coaching from Cyclone coaches and players (who will be serving as camp counselors). Friday night pizza party, and Saturday lunch and dinner provided. Each camper will receive Cyclone Basketball and t-shirt.

CAMP FEATURES

- ISU men's basketball players
- Great staff of area high school & college coaches
- Individual attention
- Special presentations
- Competition and prizes
- Basketballs and T-shirts
- Full-time counselors and trainers

ACADEMY CAMPS

Point Guard Academy **June 15-17**
Check-in: Monday, 9:00 a.m. - 10:00 a.m., State & Beyer Gym
Activity Time: Day 1: 10:00 a.m.-10:00 p.m. **Day 2:** 9:00 a.m.-10:00 p.m. **Day 3:** 9:00 a.m.-5:00 p.m.
Check-out: 5:00 p.m.
 It is NOT the ordinary camp. Only 15 players will be allowed to attend. Players will be schooled in the "art" and "science" of becoming a POINT GUARD for three days. Grades: 9-12

Shooting Guard Academy **June 15-17**
Check-in: Monday, 9:00 a.m. - 10:00 a.m., State & Beyer Gym
Activity Time: Day 1: 10:00 a.m.-10:00 p.m. **Day 2:** 9:00 a.m.-10:00 p.m. **Day 3:** 9:00 a.m.-5:00 p.m.
Check-out: 5:00 p.m.
 It is NOT the ordinary camp. Only 15 players will be allowed to attend. Players will be schooled in the "art" and "science" of becoming a SHOOTING GUARD or FORWARD for three days. Grades: 9-12

Post Player Academy **June 15-17**
Check-in: Monday, 9:00 a.m. - 10:00 a.m., State & Beyer Gym
Activity Time: Day 1: 10:00 a.m.-10:00 p.m. **Day 2:** 9:00 a.m.-10:00 p.m. **Day 3:** 9:00 a.m.-5:00 p.m.
Check-out: 5:00 p.m.
 It is NOT the ordinary camp. Only 15 players will be allowed to attend. Players will be schooled in the "art" and "science" of becoming a POST PLAYER for three days. Grades: 9-12

**Each "Academy" will be taught separately throughout the day; and join together during the evening session for continuity instruction and team play.*

TEAM CAMP

Team Camp I **June 27**
Team Camp II **June 28**
Check-in: Saturday, 10:00 a.m. - 11:00 a.m., State, Beyer, and Forker Gym
Activity Time: Day 1: 11:15 a.m. - 9:00 p.m. **Day 2:** 8:00 a.m. - 5:00 p.m.
 30 Team Limit - Every team guaranteed 6 games (3 per day); games consisting of 4 eight minute regulation quarters. Teams pooled according to strength in varsity & JV divisions.

SKILL CAMP

Skill Camp **June 20 - 21**
 Grades 9-12 Two day basketball skill camp. Limited space available.

TRAVEL CAMPS BOYS & GIRLS K-9

Iowa State Cyclone Basketball Travel Camps **sites & dates TBA**
Morning Check-in: 7:30 a.m. - 8:00 a.m. **Activity Time:** 8:00 a.m. - 11:30 a.m.
Afternoon Check-in: 12:30 p.m. - 1:00 p.m. **Activity Time:** 1:00 p.m. - 4:30 p.m.
 This is a great way to bring a part of Iowa State University and Cyclone Basketball to your community. Cyclone Travel Camp is a one day, 3 hour camp at locations throughout the State of Iowa. Camp is open to both boys and girls / Grades K-9. Each camper will receive instruction from ISU Coaches and Players; autograph and photo session. Also, every camper receives a Cyclone Basketball, Cyclone T-shirt and Individual Workout Book. Coaches interested in hosting a Cyclone Travel Camp should contact: Ron Smith (ISU Director of Basketball Operations) at 515-294-9342



INDIVIDUAL CAMP REGISTRATION

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Home phone _____
 School _____
 Grade (Fall 2008) _____ Age _____
 H.S. graduation year _____
 Amount enclosed _____
 E-Mail _____

Elite Camp: June 7
 ___Commuter \$90

Day Camp: June 8-11
 ___Commuter a.m. \$100 ___Commuter p.m. \$100
 ___Commuter All Day \$190

Offensive Improvement Camp (\$75/Combo with Day Camp \$60): June 12
 ___Commuter \$75
 ___Commuter Combo w/ Day Camp \$60

Father-Son Camp: June 12-13
 ___Commuter \$260
 ___Additional Son \$120

TEAM CAMP REGISTRATION

School _____
 City _____
 State _____ Zip Code _____
 School phone _____
 Coach/contact name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Home phone _____
 Amount enclosed _____
 E-Mail _____

Team Camp I: June 27 ___Varsity
 ___Commuter Team \$250 ___Junior Varsity

Team Camp II: June 28 ___Varsity
 ___Commuter Team \$250 ___Junior Varsity

Team Camp I & II: June 27 & 28 ___Varsity
 ___Commuter Team \$450 ___Junior Varsity

The Iowa State Boy's Basketball Camps are open to any and all entrants meeting the requirements listed for each camp.

Iowa State Cyclone Basketball Travel Camps sites & dates TBA (check www.cyclonebasketball.com/travelcamps)

CAMP FEES/REFUNDS

All Cyclone Basketball Camps, other than team camps require a registration form and full payment to guarantee a spot. After we receive your completed registration form and full payment, you will be sent a confirmation letter. **Your registration will not be processed without the full payment. Online registration is also available for individual camps on our web site (www.cyclonebasketball.com/camp). Refunds will ONLY be given when we receive a notice from a doctor stating that the athlete is physically unable to participate in the camp. If this occurs, a \$25 administration fee will be deducted from your refund.**

Enrollment is limited and sessions will be filled on a first-come, first-served basis. Registrations may be done online at www.cyclonebasketball.com or by sending this form along with full payment to:

Cyclone Boys Basketball Camps
 Iowa State University
 383 Hilton Coliseum
 Ames, IA 50011-1111

For camp information contact:
 Ron Smith, Director of Basketball Operations
ronsmith@iastate.edu
 515-294-9342
www.cyclonebasketball.com



ACADEMY CAMP REGISTRATION

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Home phone _____
 School _____
 Grade (Fall 2007) _____ Age _____
 H.S. graduation year _____
 Amount enclosed _____
 E-Mail _____

Academy Camps
 Point Guard Academy: June 15-17
 ___Commuter \$415
 ___Resident \$450

Shooting Guard Academy: June 15-17
 ___Commuter \$415
 ___Resident \$450

Post Player Academy: June 15-17
 ___Commuter \$415
 ___Resident \$450

2008 CAMP COUNSELORS



Craig Brackins



Diante Garrett



Lucca Staiger

- Boozer, Charles
- Brackins, Craig
- Garrett, Diante

- Haluska, Sean
- Hubalek, Jiri
- Lee, Cameron

- Petersen, Bryan
- Staiger, Lucca
- Thompson, Alex