

# 1000 SHOT & DAY CAMP



**EIU**  
**BASKETBALL**

## MEN'S BASKETBALL 1000 SHOT/DAY CAMP

**JUNE 12-14 : BOYS GRADES 3-8**

**OPEN TO ANY AND ALL ENTRANTS**

*(limited only by number, age, grade level and/or gender)*

**1000 SHOT CAMP : 9 AM - NOON : COST \$110 : REGISTRATION 8:15 AM**

The goal of the 1000 shot camp is to make the camper a better shooter through technique, instruction, and repetition.

**PANTHERS DAY CAMP : 1 PM - 4 PM : COST \$110 : REGISTRATION 12:15 PM**

The goal of the day camp is to help players improve on their fundamental skills. Campers will enhance their shooting, passing, rebounding and defensive skills in a fun, instructional atmosphere.

**REGISTRATION DEADLINE: May 21, 2023 with \$50 deposit to ensure a spot and receive a t-shirt.** *Camp registration deposits are non-refundable.*

*T-shirt included. Limit one per camper.*

**Walk-up registrations are not guaranteed a spot at the camp.**

*T-shirt not guaranteed to walk-up registrants.*

**CAMPERS ARE ENCOURAGED TO SIGN UP FOR BOTH THE  
1000 SHOT & PANTHER DAY CAMPS - \$190 FOR BOTH  
SIBLING DISCOUNT: SINGLE SESSION - ADDITIONAL \$60 (TOTAL \$170)  
BOTH SESSIONS: ADDITIONAL \$110 (TOTAL \$300)**

**BRING A SACK LUNCH or PURCHASE LUNCH ON CAMPUS**

**Questions? Contact Jacob Rueter before registering at  
618-340-0086 or email at [jarueter2@eiu.edu](mailto:jarueter2@eiu.edu).**

### 2023 Men's Basketball 1000 SHOT/DAY CAMP Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE IN FALL, 2023: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

**PLEASE RETURN THIS REGISTRATION FORM TO:**

**2023 EIU MEN'S BASKETBALL 1000 SHOT/DAY CAMP**

**ATTENTION: JACOB RUETER**

**600 LINCOLN AVE., CHARLESTON, IL 61920**

**OR REGISTER ONLINE AT [WWW.EIUPANTHERS.COM](http://WWW.EIUPANTHERS.COM)**

## HEALTH & CONSENT FORM

This medical treatment and billing authorization form **MUST** be completed and **SIGNED** by the parent to enable the camper to participate.

Camp Attending \_\_\_\_\_ Camp Code: \_\_\_\_\_ **MBB778 (1000)**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ **MBB779 (Day)**

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent / Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### HEALTH INFORMATION

Does camper have a history of:

\_\_\_\_\_ Convulsions \_\_\_\_\_ Heart Defect/Murmur \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Surgery (past 2 years) \_\_\_\_\_ Mumps

Brief description of items checked \_\_\_\_\_

\_\_\_\_\_

Medications: Type, dosage and frequency (list) \_\_\_\_\_

\_\_\_\_\_

Allergies: (medications, foods, stings, other) \_\_\_\_\_

\_\_\_\_\_

### INSURANCE INFORMATION

**EASTERN ILLINOIS UNIVERSITY REQUIRES** that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

Insurance Carrier Name \_\_\_\_\_

Carrier Address/Phone \_\_\_\_\_

Policy / Group Number \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) \_\_\_\_\_ Date \_\_\_\_\_

Athletes must come to the Panther Camps physically sound. No preventative taping will be administered for injuries received prior to camp.

**HEALTH and INSURANCE:** Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at [www.EIUPANTHERS.COM](http://www.EIUPANTHERS.COM). This form must be completely filled out, signed and returned to us, along with registration.