

# TEAM CAMP



**EIU**  
BASKETBALL

## MEN'S BASKETBALL TEAM CAMPS

**MONDAY-TUESDAY, JUNE 26-27, 2023**

**OPEN TO ANY AND ALL ENTRANTS**

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

The EIU Team Camps are a great opportunity for high school teams to improve.

Teams will be matched versus schools of similar size and talent in games. There will be a Varsity and potentially JV division depending on number of entries.

Teams register as a group from one school and are guaranteed three games for one day and five games for two days. Games will be played in Lantz Arena and the EIU Student Recreation Center - both facilities are air-conditioned. Charleston/Mattoon officials association will be hosting a clinic that will cover all games.

**Interested coaches please contact Jacob Rueter before registering at 618-340-0086 or email at [jarueter2@eiu.edu](mailto:jarueter2@eiu.edu).**

**Hours: 9 AM - 5 PM**

**HIGH SCHOOL TEAM CAMP REGISTRATION:** Registration will be one hour prior to your first game in Lantz Arena. Team camp schedule will be emailed approximately one week before the start of games.

**CAMP COSTS:** \$400 per team, (\$250 for one day)

**Registration deadline is June 16th** with \$100 deposit to secure your team entry.

*Balance is due at registration. Camp registration deposits are non-refundable.*

*Fees include a camp t-shirt, polo for head coach, and use of University facilities.*

*Lodging is not provided. Contact Jake Rueter at [jarueter2@eiu.edu](mailto:jarueter2@eiu.edu) if you need hotel information.*

### 2023 Men's Basketball Team 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 TEAM CAMP**  
600 LINCOLN AVE., CHARLESTON, IL 61920

ATTENTION: JACOB RUETER 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: **MBB814**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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.EIUpanters.com](http://www.EIUpanters.com). This form must be completely filled out, signed and returned to us, along with registration.

**HEAD COACHES:** Please turn in all Health and Insurance forms at one time when you arrive for team registration.