

1000 SHOT & DAY CAMP



EIU[™]
BASKETBALL

MEN'S BASKETBALL 1000 SHOT/DAY CAMP

OPEN TO ANY AND ALL ENTRANTS

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

JUNE 9-11 : BOYS GRADES 3-8

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

REGISTRATION WILL TAKE PLACE IN THE LANTZ COMPLEX

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

REGISTRATION WILL TAKE PLACE IN THE LANTZ COMPLEX

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.

**CAMPERS ARE ENCOURAGED TO SIGN UP FOR BOTH THE
1000 SHOT & PANTHER DAY CAMPS JUNE 9-11 - \$190 FOR BOTH
SIBLING DISCOUNT: SINGLE SESSION - ADDITIONAL \$60 (TOTAL \$170)
BOTH SESSIONS: ADDITIONAL \$110 (TOTAL \$300)**

JULY 7-9 : BOYS GRADES 3-6

PANTHERS DAY CAMP : 9 AM-NOON : COST \$110 : REGISTRATION 8:15 AM

REGISTRATION DEADLINE: May 21, 2025 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.

BRING A SACK LUNCH or PURCHASE LUNCH ON CAMPUS

**Questions? Contact Coach Nate Michael before registering at
217-722-3335 or email at ntmichael@eiu.edu.**

2025 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, 2025: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE _____

EMAIL: _____

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)**
MBB779 (Day)

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.EIUpantthers.com. This form must be completely filled out, signed and returned to us, along with registration.

PLEASE RETURN THIS REGISTRATION FORM TO:
2025 EIU MEN'S BASKETBALL 1000 SHOT/DAY CAMP
ATTENTION: COACH NATE MICHAEL
600 LINCOLN AVE., CHARLESTON, IL 61920
OR REGISTER ONLINE AT WWW.EIUPANTHERS.COM