

TEAM CAMP



EIU
BASKETBALL



MEN'S BASKETBALL TEAM CAMPS

FRIDAY-SATURDAY, JUNE 6-7 & JUNE 23-24
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 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 Groniger 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 Bob Lockart before registering at 217-246-2453 or email at rmlockart@eiu.edu.

Hours: Friday, June 6th & 23rd, afternoon & evening and Saturday, June 7th & 24th morning & afternoon

HIGH SCHOOL TEAM CAMP REGISTRATION: Registration will be one hour prior to your first game in Groniger 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 May 24th 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 Bob Lockart at rmlockart@eiu.edu if you need hotel information.

2025 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, 2025: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE _____

EMAIL: _____

PLEASE RETURN THIS REGISTRATION FORM TO:
2025 MEN'S BASKETBALL TEAM CAMP
600 LINCOLN AVE., CHARLESTON, IL 61920

ATTENTION: BOB LOCKART OR REGISTER ONLINE AT 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: **MBB761**

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.EIUPanthers.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.