

# KIDS' CAMP



## WOMEN'S BASKETBALL KIDS' CAMP

OPEN TO ANY AND ALL ENTRANTS

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

**JUNE 16-18, 2025 : 9 AM-NOON**

**GIRLS GRADES 4-7 : \$70**

**JUNE 25-26, 2025 : 9 AM-NOON**

**GIRLS GRADES K-3 : \$55**

**[ \$20 discount per sibling regardless of camp registered. ]**

The camp's purpose is to develop each individual's fundamental basketball skills and overall playing ability. Campers will learn with individual instruction, demonstrations, lectures, station work and games.

- **Camp Registration** will be in GRONIGER ARENA (Lantz Complex) at 8:30 am
- **What to bring:** Campers are encouraged to bring a refillable water bottle, basketball shoes, walking shoes and towel.

**If you have any questions email Coach Caitlyn Peterson at [cvpeterson@eiu.edu](mailto:cvpeterson@eiu.edu).**

### 2025 Women's Basketball Kids' 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: (\_\_\_\_\_) \_\_\_\_\_ T-Shirt Size: Youth \_\_\_\_\_ Adult \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE IN FALL, 2025: \_\_\_\_\_

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

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

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

**PLEASE RETURN THIS REGISTRATION FORM TO:**

**WBB KIDS' CAMP**

**EASTERN ILLINOIS UNIVERSITY, 600 LINCOLN AVE.,  
CHARLESTON, IL 61920**

**REGISTER ONLINE AT [WWW.EIUPANTHERS.COM](http://WWW.EIUPANTHERS.COM) or SCAN QR CODE ↑**



## 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: **WBB786**

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