

## CAMP INFORMATION

### CAMP DIRECTOR

Peter Campbell  
Laurier Men's Basketball Head Coach

### COACHING STAFF

Laurier & CIS Coaches  
National Team Players  
CIS Players  
High School Coaches

## REGISTRATION

### Refund Policy

In the event that you cancel your child's camp session, a minimum of 10 days notice prior to the start date of the camp is required for a refund, less a \$50 administrative fee. Should you fail to give 10 days notice, you will be required to pay the full camp fee.

### How To Register

#### Online:

Visit our website and sign up online. It's EASY, FAST and we accept major payment methods.

#### In Person:

Visit the Hawk Desk in the Athletic Complex, Monday - Friday 7:00 a.m. - 10:00 p.m. We accept Visa, Mastercard, debit, cash and cheque.

#### By Mail:

Send registration form & cheque (do not mail cash) to:  
**Boys Showtime Basketball**  
Department of Athletics  
Wilfrid Laurier University  
75 University Avenue West  
Waterloo, Ontario  
N2L 3C5

## FEES

Please select your package of choice:

- Tournament Fee ONLY **\$160.00**
- Tournament Fee and **\$226.00**  
2 nights accommodation at  
Wilfrid Laurier University

*Family orders over \$600.00 will receive a 10% discount. Preference will be given to participants who submit their application before May 29, 2009.*

### Notes:

Please make all cheques payable to: WILFRID LAURIER UNIVERSITY. All fees and information must be completed before your application will be processed. Wilfrid Laurier charges \$25 for NSF Fees.

## LIABILITY WAIVER

I the undersigned do give permission to my son \_\_\_\_\_ to participate in all aspects of the Showtime program. We will not hold the tournament director, coaches, sponsors, medical staff, Wilfrid Laurier University or their staff liable for any personal theft or injuries sustained while attending Showtime. I am aware that if my son stays in a Laurier residence arranged by Showtime, he and I, as her parent or guardian, are responsible for any damages to her room.

Signature of Showtime Player:

Signature of Parent or Guardian:

Showtime basketball gives top high school male basketball players the opportunity to "show their stuff" to Canadian university and college coaches. Players will get the chance to compete with other skilled players from different high school programs and learn a great deal from guest sessions presented by outstanding coaches and players.

## LIMITED REGISTRATION

Coaches please ensure all prospective post-secondary players in your school receive the information in this brochure. Applications should be mailed in immediately because the camp will accept a maximum of 60 players to facilitate tournament efficiency.

## SHOWTIME AGENDA

### Friday June 5, 2009

- 5:00 p.m. Registration
- 5:45 p.m. Players Meet the Coaches
- 6:00 p.m. Practice Begins
- 7:00 p.m. Basketball Fitness Session
- 8:00 p.m. Tournament Games Begin

### Saturday June 6, 2009

- 9:00 a.m. to 9:00 p.m. Tournament Games & Guest Sessions

### Sunday June 7, 2009

- 9:00 a.m. Tournament Games
- 10:00 a.m. Showtime Games
- 12:00 p.m. Awards Presentation

**All Showtime participants will receive a reversible game jersey.**



**REGISTRATION FORM**

**DIRECTIONS TO LAURIER**

**SUMMER 2009**

**BOYS SHOWTIME  
BASKETBALL**

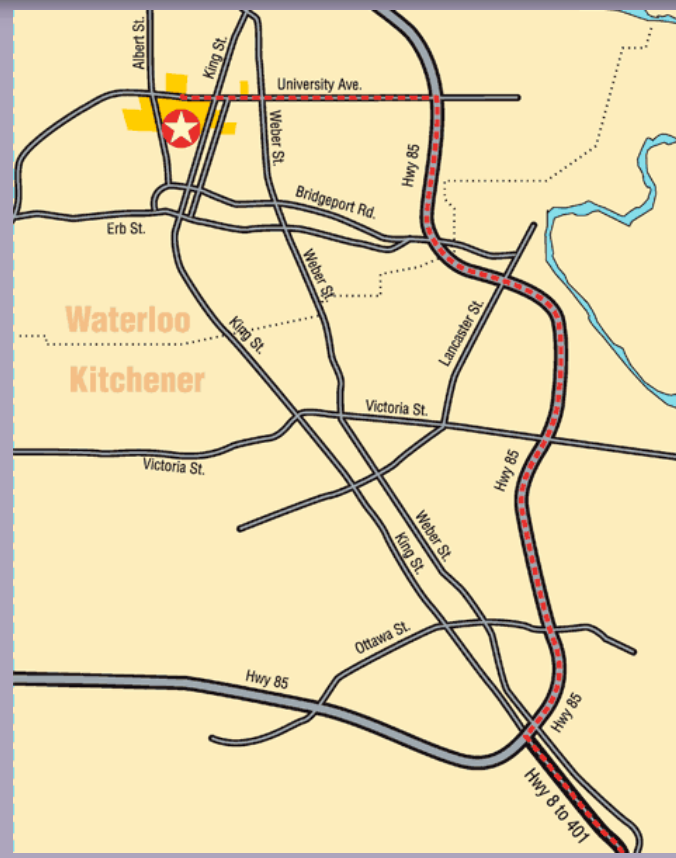


**HIGH SCHOOL  
EVALUATION  
CAMP**

*June 5 - 7, 2009*

For more information or to register online visit:  
[www.laurierathletics.com/camps](http://www.laurierathletics.com/camps)

or contact:  
Peter Campbell  
at (519) 884-0710 ext, 3504 or  
pcampbell@wlu.ca



Register Online: [www.laurierathletics.com/camps](http://www.laurierathletics.com/camps)  
 Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
**Email address will be used for confirmation of registration**

*As per the Personal Health Information Protection Act, filling out an OHIP number on a camp application form is voluntary. Should a parent or guardian choose not to supply this information, they should be reachable in the event of an emergency.*

Ontario Health Card #: \_\_\_\_\_  
 List any medical problems we should be aware of:  
**Attach additional pages if required**  
 \_\_\_\_\_  
 \_\_\_\_\_

Height: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Coach: \_\_\_\_\_  
 Best Position: \_\_\_\_\_  
 Playing Experience: \_\_\_\_\_  
 \_\_\_\_\_

Jersey Size (pick one):  
 Boys' S M L XL Own  
 Men's S M L XL