



May, 2011

Hello Campers & Parents:

Welcome to the nineteenth annual UW-Whitewater Girls' Basketball Camp! This is one of the best basketball camps for young ladies in Wisconsin and the Midwest.

We hope to make the time spent at camp one of the best experiences your daughter will ever have. We stress all-around player development, as we will also be applying these skills in competitive games every evening. Listed below are important telephone numbers, check-in times, closing ceremony times, and information on items to bring:

Fundamental Camp I

Check-in	12:00-1:15 PM	Thursday, June 16, 2011	Bigelow Hall
Check-out	11:45 AM-12:30 PM	Sunday, June 19, 2011	Bigelow Hall

Fundamental Camp II

Check-in	11:45 AM-1:15 PM	Sunday, June 19, 2011	Clem Hall
Check-out	11:45 AM-12:30 PM	Wednesday, June 22, 2011	Clem Hall

Elite Camp

Check-in	12:00-1:15 PM	Wednesday, June 22, 2011	Bigelow Hall
Check-out	12:00-1:00 PM	Friday, June 24, 2011	Bigelow Hall

There is no lunch provided before the first session which begins at 1:30 p.m. Campers should check-in, unpack, and report to Gym 1 in the Williams Center by approximately 1:20 p.m. Late check-ins must contact the camp director prior to the 16th, 19th, and 22nd. See enclosed "Residents Reminder List" for items to bring to camp.

Camp Office:	262-472-3165	7 a.m. to 4:30 p.m.
Bigelow Hall Staff Room:	262-472-2162	4:30 p.m. to 7 a.m.
Clem Hall Staff Room:	262-472-2421	(If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)
Williams Center:	262-472-1140	
Emergency Phone #:	262-472-4200	

To write to your camper send letters to:

Camper's Name
Warhawk Girls' Basketball Camp
Roseman 2005
University of Wisconsin-Whitewater
Whitewater, WI 53190

Championship events will begin around 10:00 a.m. in the last session for all camps with award ceremonies beginning at approximately 11:25 a.m. For each of the fundamental camps each camper will receive a t-shirt and a Warhawk basketball at the awards ceremony. For the elite camp each camper will receive a reversible mesh practice jersey. The camp awards ceremony will conclude around 11:45 a.m. Campers should have their rooms in "check-out" condition before the awards ceremony.

Please remember to bring the enclosed Health History Questionnaire/Consent Form. Campers will not be allowed to participate in camp activities without this form.

See you on June 16th or 19th for the Fundamental Camps or June 22nd for the Elite Camp!

Sincerely,

Keri Carollo
Camp Director



CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail cesevents@uww.edu

UW-WHITEWATER WARHAWK GIRLS' BASKETBALL CAMP RULES FOR CAMPERS

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus proper; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.
9. Campers are not allowed to date or ride in cars while at camp.
10. Campers will be supervised by the coaches at all times.

11. Refer to all coaches as "Coach".
12. Be on time for everything!
13. For any sickness or injury, see the Camp Director as soon as possible.
14. Visitors are restricted to lobby area. ("Visitors" means relatives.) Only Camp Director can approve room visits.
15. Each camper is to be in her assigned room at 10:45 p.m. Coaches will check. Lights need to be out and campers need to be quiet. Do not leave your rooms after lights out, except for the bathroom, if necessary. Coaches will get you up at 7:15 a.m.
16. Camp dismissal for the camps will be approximately 11:45 a.m., after the awards ceremony in the Williams Center. Parents may pick up campers' things before 11:00 a.m. and are welcome to attend ceremony, or they may pick up things after ceremony.
17. Pizza can be purchased through the camp store (limited availability), or you can have pizza delivered to the dorm from a local pizza establishment.
18. Swimming will be supervised at pre-scheduled times. Absolutely no swimming until lifeguards are in place.
19. Failure to comply with rules/regulations of camp will result in immediate dismissal from camp. Your parents will be called to come and get you.
20. We will be having a camp store open between most sessions where you will be able to purchase UW-Whitewater Basketball apparel (shorts, t-shirts, etc.), as well as water and sport drinks. The camp store will also be open during check-in and immediately following the awards ceremony.

MOST IMPORTANTLY, HAVE A SUPER WEEK AND WORK HARD TO IMPROVE!

RESIDENTS' REMINDER LIST

Sheets**

Blankets**

Pillow

Towels/wash cloths

Toothbrush

Toiletries (soap, shampoo, etc.)

Robe

T-shirts

Play shorts

Basketball shoes

Athletic socks

Underwear

Swimsuit

Heavy sweater

Jacket

Raincoat

Laundry bag

Fan

**A sleeping bag may be more convenient

If you have any questions, contact Summer Camp Office at 262/472-3165.

UW-Whitewater Women's Basketball Fundamental Camp II SCHEDULE 2011

Sunday <u>June 19</u>	Monday <u>June 20</u>	Tuesday <u>June 21</u>	Wednesday <u>June 22</u>
11:45-1:15 PM	7:30 AM	7:30 AM	7:30 AM
Check- In	Wake-up	Wake-up	Wake-up
1:30-4:30 PM	8:00-8:45 AM	8:00-8:45 AM	8:00-8:45 AM
Meet in Gym #1 WC	Breakfast - Esker	Breakfast - Esker	Breakfast - Esker
Pizza Orders			
Camp Meeting	9:00 - 11:30 AM	9:00 - 11:30 AM	9:00 - 11:45 AM
Warm-up & Drills	Meet in Gym #1	Meet in Gym #1	Meet in Gym #1
Competition	Roll Call & Stretch	Roll Call & Stretch	Roll Call & Stretch
	Warm-up & Drills	Warm-up & Drills	Warm-up & Drills
4:30-6:00 PM			Closing
Supper - Esker	11:30-1:00 PM	11:30-1:00 PM	
	Lunch - Esker	Lunch - Esker	11:45-12:30 PM
6:30-9:00 PM			Check Out
Meet in Gym #1 WC	1:15-4:30 PM	1:15-4:30 PM	
Roll Call & Stretch	Meet in Gym #1	Meet in Gym #1	
Warm-up & Drills	Roll Call & Stretch	Roll Call & Stretch	
	Warm-up & Drills	Warm-up & Drills	
9:00-10:00 PM			
Camp Swim	4:30-6:00 PM	4:30-6:00 PM	
	Supper at Starin Park	Supper at Starin Park	
10:45 PM			
Room Check	6:30 - 9:00 PM	6:30 - 9:00 PM	
	Meet in Gym #1	Meet in Gym #1	
11:00 PM	Pizza Orders	Pizza Orders	
Lights Out	Roll Call & Stretch	Roll Call & Stretch	
	Warm-up & Drills	Warm-up & Drills	
	Competition	Competition	
	9:00-10:00 PM	9:00-10:00 PM	
	Camp Swim	Camp Swim	
	10:00 PM	10:00 PM	
	Return to Dorm	Return to Dorm	
	10:45 PM	10:45 PM	
	Room Check	Room Check	
	11:00 PM	11:00 PM	
	Lights Out	Lights Out	

HEALTH HISTORY QUESTIONNAIRE

Participant
 Name _____ Camp/Event _____ Camp Dates _____
 Home Address _____ City _____ State _____ Zip _____
 Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____
 Parent/Guardian _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address if different than participant's _____
 Contact person in case of injury or illness. _____
 Name _____ Relationship _____ Phone _____
 Name of Physician _____ Phone _____
 Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months _____ / _____ / _____

Dose 2 _____ / _____ / _____

Tetanus-Diphtheria

Year of initial series _____ / _____ / _____

Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No

Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes

If YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

() Penicillin

() Other Antibiotics

() Other Medicines (type) _____

() Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

() Allergies

() Asthma

() Bleeding Disorder

() Cancer

() Colitis

() Diabetes

() Epilepsy/Seizures/Blackouts

() Heart Disease

() Hernia

() Other _____

() High Blood Pressure

() Joint Injury/Surgery

() Kidney Disease

() Menstrual Difficulties

() Mental/Emotional Problems

() Neck/Back Pain/ Injury

() Rheumatic Fever

() Tuberculosis

() Ulcer

CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
 - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
 - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

_____ No medication has been brought to camp.
 _____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____
 _____ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self-administer them. Please complete the following.

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

_____ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

_____ No medication has been brought to camp.
 _____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

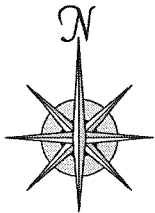
Signature of Parent/Guardian _____ Date _____
 _____ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____



22
LAWSON LOT

OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM

STADIUM/ATHLETIC BUILDING
STUDENT ATHLETIC COMPLEX

24
STADIUM LOT

PICNIC AREA

UW-WHITEWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

SCHWAGER DR

SCHWAGER DR

SCHWAGER DR

SCHWAGER DR

18
ESKER LOT

19
TUTT-WELLERS LOT

INTRAMURAL FIELDS

RUGBY FIELD

11
WILLIAMS CENTER LOT

DAVID L. KACHELDOLK FIELDHOUSE
WILLIAMS CENTER

18
ESKER LOT

ESKER DINING HALL

TUTT HALL

WELLERS HALL

WELLS RESIDENCE HALL

KHILANS HALL

POWER PLANT

W. LAUDERDALE DR

CALVARY CEMETARY

17
FISCHER LOT

FISCHER

GOODRUE

MORAINÉ BOOK STORE

CAMPUS MINISTRY

15
HC LOT

HEALTH CENTER

LOT 4

STARIN PARK

8
BIGELOW LOT

BIGELOW
LEE
CLEM
FRICKER
DRUMLIN DINING HALL
AREY
BENSON

TENNIS COURTS

9
WARHAWK DRIVE LOT

7
STARIN ROAD LOT

VISITOR CENTER

W. STREET

KOSHONKONG DR

WARHAWK DR

W. STARIN RD

W. STARIN RD

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE LOT

UPHAM HALL

WYMAN MALL

ROSEMAN

WINTHER HALL

LOT 3

CARLSON HALL

McCUTCHAN

LITTLE RED SCHOOLHOUSE

LOG CABIN

OBSERVATORY

UNIVERSITY CENTER

HEIDE HALL

FENCE STREET

W. FLORENCE STREET

2
CARLSON LOT

IRVING WOOD AUDITORIUM
GREENHILL CENTER OF THE ARTS

ALUMNI CENTER

HYER HALL

McGRAW HALL

12
LIBRARY LOT

ANDERSEN LIBRARY

N. TRAIL STREET

N. PRINCE STREET

WYMAN MALL

N. PRAIRIE ST

N. ESTERLY ST

US HWY 12

W MAIN STREET



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.

