

**2011 Junior Warhawk
Wheelchair Basketball Camp**

Dear Camper:

The Warhawk Wheelchair Athletics program would like to thank you for your registration to this year's camp. We are looking forward to a very exciting week! This letter will serve as confirmation of your registration.

Check-in will be held on Sunday, June 12 from 2 p.m. until 4 p.m., in the lobby of Wells Residence Hall (see enclosed map). At that time you will receive a copy of the camp schedule, your room assignment, and any other information you may need. The camp will begin promptly at 5 p.m., so please allow yourself enough time to get settled into the residence hall. The first meal is dinner, so be sure to eat lunch before you come. There will be staff available at check-in to help you with your belongings should you require assistance.

Checkout will take place from 9 a.m. until 11 a.m. on Thursday, June 16. All campers must be checked out by 11 a.m. on Thursday.

The week will be packed with basketball, so be sure to bring enough clothes and personal items required for your health care to last the entire week. Laundry facilities are available in the residence hall for your use, but you must bring your own detergent.

Please be sure to bring toiletries, a fan if you want to stay cool at night, shampoo, conditioner, toothbrush, toothpaste, plus any items you will need for swimming (suit & towel) and basketball. You do not need your own ball. Also, please be aware that linens will not be provided, so be sure to bring a pillow and sleeping bag, or linens!

IF YOU ARE FLYING IN TO CAMP: Please label all of your wheels, chairs, bags, etc very distinctly. We will be picking up more than 30 people and taking all the chairs apart. If you do not label them properly, it will be a nightmare putting them back together when we get to Whitewater from the airport. Please label everything clearly! Perhaps with some sort of color code or fun markings that make your things stick out. Please call us or email me with your flight information including airline, flight number, and times.

If you have any other questions or concerns, please do not hesitate to call me at work (262) 472-3169, or email ladej@uww.edu. I may be tough to get a hold of, but leave a message and I'll get back to you.

Thank you very much. I look forward to a very exciting week!

Jeremy Lade

Jeremy Lade
Camp Director

WARHAWK WHEELCHAIR BASKETBALL CAMP RULES AND REGULATIONS

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.

**2011 Junior Warhawk
Wheelchair Basketball Camp
Schedule**

Sunday, June 12

Noon – 2:00 PM	Staff Check-In/Meeting	Wells Hall Lobby
2:00 – 4:00 PM	Camper Check-In	Wells Hall Lobby
2:00 – 5:30 PM	Open Gym/Chair prep/equipment check	Fieldhouse
5:30 – 6:30 PM	Dinner	Esker
6:30 – 7:00 PM	Open Gym/Camper intros	Fieldhouse
7:00 – 9:00 PM	Skills Test/Instruction	Fieldhouse

Monday, June 13

7:30 – 8:00 AM	Wakeup/Cleanup	
8:00 – 9:00 AM	Breakfast	Esker
9:00 – 11:30 AM	Instruction	Fieldhouse/Roseman Gym
12:00 – 2:00 PM	Lunch	Esker
2:00 – 4:30 PM	Instruction/Games	Fieldhouse
5:00 – 7:00 PM	Dinner	Esker
7:00 – 9:00 PM	Instruction/Games	Fieldhouse

Tuesday, June 14

7:30 – 8:00 AM	Wakeup/Cleanup	
8:00 – 9:00 AM	Breakfast	Esker
9:00 – 11:30 AM	Instruction	Fieldhouse/Roseman Gym
12:00 – 2:00 PM	Lunch	Esker
2:00 – 4:30 PM	Instruction/Games	Fieldhouse
5:00 – 7:00 PM	Dinner	Esker
7:00 – 9:00 PM	Instruction/Games	Fieldhouse

Wednesday, June 15

7:30 – 8:00 AM	Wakeup/Cleanup	
8:00 – 9:00 AM	Breakfast	Esker
9:00 – 11:30 AM	Instruction	Fieldhouse/Roseman Gym
12:00 – 2:00 PM	Lunch	Esker
2:00 – 4:00 PM	Instruction/Games	Fieldhouse
4:00 – 4:45 PM	Open Gym or Swimming (optional)	Fieldhouse/Williams Center Pool
5:00 – 7:00 PM	Dinner	Esker
7:00 – 9:00 PM	Instruction/Games	Fieldhouse

Thursday, June 16

7:00 – 7:45 AM	Wakeup/Cleanup	
7:45 – 8:45 AM	Breakfast	Esker
9:00 – 11:00 AM	Check-out	Wells Hall Lobby

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	() High Blood Pressure
() Asthma	() Joint Injury/Surgery
() Bleeding Disorder	() Kidney Disease
() Cancer	() Menstrual Difficulties
() Colitis	() Mental/Emotional Problems
() Diabetes	() Neck/Back Pain/ Injury
() Epilepsy/Seizures/Blackouts	() Rheumatic Fever
() Heart Disease	() Tuberculosis
() Hernia	() Ulcer
() Other _____	

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

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



UW-WHITWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

PICNIC
AREA

24
STADIUM LOT

18
ESKER LOT

19
TUTT-WELLERS LOT

SCHWAGER DR.

INTRAMURAL
FIELDS

RUGBY FIELD

11
WILLIAMS
CENTER
LOT

DAVID L. KACHELDIK
FIELDHOUSE
WILLIAMS
CENTER

ESKER
DINING HALL

TUTT
HALL

WELLERS
HALL

WELLS RESIDENCE
HALL

KNILANS
HALL

8
BIGELOW LOT

TENNIS
COURTS

9
WARHAWK DRIVE
LOT

17
FISCHER
LOT

CALVARY
CEMETERY

LOT 4

STARIN PARK

BIGELOW
LEE
FRICKER
AREY
BENSON
CLEM
DRUMLIN
DINING HALL

8
BIGELOW LOT

7
STARIN ROAD LOT
VISITOR CENTER

GOODHUE
MORaine
BOOK STORE

CAMPUS
MINISTRY

15
HC LOT
HEALTH
CENTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE
LOT

UPHAM
HALL

LOT 3

CARLSON HALL

McCUTCHEAN

WYMAN MALL

ROSEMAN

WINTHER HALL

UNIVERSITY CENTER

HEIDE HALL

FENCE STREET

W. FLORENCE STREET

2
CARLSON LOT

LITTLE RED
SCHOOLHOUSE

LOG
CABIN

OBSERVATORY

ALUMNI
CENTER

HYER HALL

McCRAW HALL

12
LIBRARY
LOT

IRVIN L. YOUNG
AUDITORIUM
GREENHILL
CENTER
OF THE
ARTS

CHOPP
ARBORETUM

SALISBURY
ARBORETUM

ANDERSEN
LIBRARY

N. TRAIT STREET

N. PRINCE STREET

W. MAIN STREET

US HWY 12

N. PRAIRIE ST.

N. EASTERLY ST.

