

# 2016 ELITE CAMP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ POSITION: \_\_\_\_\_ T-SHIRT (adult) S M L XL 2XL

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

SCHOOL FALL 2016: \_\_\_\_\_ GRADE FALL 2016: \_\_\_\_\_

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

PARENT CELL: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

AAU TEAM: \_\_\_\_\_

AAU COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Registration:

Please make checks payable to TINA LANGLEY – sorry, credit cards are not accepted. We will take cash, check or money order. The final balance will be due at registration on the first day of camp.

## Health Release:

I release and hold harmless Rice University and Tina Langley, Inc., including without limitation, their officers, directors, trustees, employees, agents and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this camp at Rice University. I certify that I currently have medical/hospitalization in with:

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby grant permission to the Rice University Women's Basketball Camp to have my daughter treated by a physician if necessary.

Parent/Guardian Signature required: \_\_\_\_\_

Health and Safety Full-time counselors will be available to help insure the safety of each camper during each camp session. A qualified trainer will be on staff at all times to assess any injury and determine if assistance from a physician is needed. Professional medical care is across the street from campus in the Texas Medical Center.

## For Office Use Only:

Amount Paid: \_\_\_\_\_ Date Recorded: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Check #: \_\_\_\_\_

# Rice



Head Coach  
**TINA LANGLEY**

2 FINAL FOURS  
3 ELITE EIGHTS  
7 WNBA DRAFT PICKS  
15 PROS

**JOSH HUTCHINSON**  
ASSISTANT COACH

**ANGIE NELP**  
ASSISTANT COACH

**SYDNEY COLSON**  
ASSISTANT COACH

Rice University  
Women's Basketball  
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