

Name _____

Address _____

City/Zip _____

Phone _____

E-mail _____

School _____

Age _____ Ht. _____

Grade next fall _____

T-shirt size (please circle one):

Youth: M L **Adult:** S M L XL XXL

Each session is limited to the first 100 paid campers. If you're interested in signing up for more than one week of camp, or have more than one son, please contact Coach Gavin for available discounts.

Please circle the session(s) you plan to attend:

BOYS' OFFENSIVE IMPROVEMENT CAMP

Session 1 Mon-Fri July 13-17 (\$160)

Grades 3-9 8:30 a.m.-3:30 p.m. (lunch included)

BOYS' OFFENSIVE IMPROVEMENT CAMP

Session 2 Mon-Fri July 20-24 (\$160)

Grades 3-9 8:30 a.m.-3:30 p.m. (lunch included)

BOYS' OFFENSIVE IMPROVEMENT CAMP

Session 3 Mon-Fri July 27-31 (\$160)

Grades 3-9 8:30 a.m.-3:30 p.m. (lunch included)

Make checks payable to: Mount Mercy Men's Basketball

Mail to:

Paul Gavin

Mount Mercy University
1330 Elmhurst Drive NE
Cedar Rapids, IA 52402

Mount Mercy competes in the Midwest Collegiate Conference (MCC) and the National Association of Intercollegiate Athletics (NAIA). The NAIA, which offers 23 championships in 13 sports, has 50,000 student-athletes participating at nearly 300 member colleges and universities throughout the United States and Canada.

The NAIA Champions of Character program is an educational outreach initiative which emphasizes the tenets of character and integrity, not only for NAIA college students, but for younger students, coaches and parents in our communities. We all have a role in developing students of character, and the NAIA Champions of Character program offers training, guidelines and behavior models to create positive environments that promote personal growth and fun sport activity.



PAUL GAVIN
Head Men's Basketball Coach
Camp Director

Gavin is the most successful men's basketball coach in school history and the first to reach the 300-win mark. The four-time Midwest Collegiate Conference Coach of the Year has guided 11 NAIA all-Americans and led the Mustangs to a conference championship and two NAIA Division II national tournaments.



CARLOS NELSON
Associate Camp Director

Nelson has been coaching basketball, from youth to high school, for more than 15 years. He has coached at several high schools in the Metro and surrounding areas, including Cedar Rapids Washington, (2001-02), Cedar Rapids Prairie (2002-04) and Anamosa (2004-06). Each of those teams has qualified for state playoff berths.



BOYS' OFFENSIVE IMPROVEMENT CAMPS

Session 1: Mon-Fri July 13-17 (\$160)
Grades 3-8 8:30 a.m.-3:30 p.m.
(lunch included)

Session 2: Mon-Fri July 20-24 (\$160)
Grades 3-8 8:30 a.m.-3:30 p.m.
(lunch included)

Session 3: Mon-Fri July 27-31 (\$160)
Grades 3-8 8:30 a.m.-3:30 p.m.
(lunch included)

The offensive improvement camp is designed for boys entering grades 3-8 who want to gain some serious offensive skills this summer!

Our outstanding staff of coaches, current and former players will take you through the Mustang Offensive Improvement series. This sequence of drills has helped make the Mustangs one of the top offensive programs in the country.

Specific attention will be given to shooting, ballhandling, footwork, passing, cutting, screening and offensive rebounding. Campers will also get to test these new skills in full- and half-court games and individual contests.

CAMP HIGHLIGHTS

- Free Mount Mercy Basketball t-shirt
- Free Mount Mercy basketball
- Buffet lunch each day in the Mount Mercy cafeteria
- Ice cream and popsicle breaks
- Daily drawings will be held to give away Mustang sports apparel

QUESTIONS?

Contact Paul Gavin
319-363-1323 ext. 1324 (office)
319-270-5471 (mobile)
pgavin@mtmercy.edu

Mount Mercy University Summer Camp
Medical Information, Parental Consent and Waiver Form

All areas of this form must be completed and signed prior to camp participation.

Camper's Name _____
Birth Date _____

Allergies and Medications

Allergic reactions (drugs, food, asthma) _____ No _____ Yes

If yes, list: _____

Taking any medication at this time? _____ No _____ Yes

If yes, list: _____

In Case of Emergency

Father Tel (H) _____ (W) _____ (C) _____

Mother Tel (H) _____ (W) _____ (C) _____

Other Emergency Contact:

Name _____

Tel (H) _____ (W) _____ (C) _____

Guardian's Name _____

Relationship _____

Your Medical Insurance

Company _____

Policy # _____

Name of Policy Holder _____

I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper; and for medical attention to be given: and for the Camper to receive medical attention in the event of accident, injury, or illness.

I understand and agree that neither Mount Mercy University nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate.

I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp.

I waive, release, agree to not sue for, and relinquish all claims against Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp.

I further agree to indemnify, hold harmless and defend Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp.

I agree that any photography taken of me or my child/ward while participating in the Mount Mercy University summer camps may be used for promotional purposes for Mount Mercy University or the camp.

Signed _____ Date _____

Printed Name _____

Relationship to Camper _____