

2018 Bob Hoffman Basketball Team Camp Coach's Packet of Information

June 21st – 23rd
Thursday-Saturday

Camp Goal:

Mercer University Men's Basketball wishes to provide an opportunity through Bob Hoffman Basketball Camp for your team(s) to compete against quality players and coaches in order to improve your program. It is a great time for your team(s) to improve their chemistry, as well.

Dates and Times:

We have one, team camp option this year; June 21st – 23rd (Thursday-Saturday). All dates will have games starting at 8:00 or 9:00 AM, continuing through the evening hours till such time as all games have been played.

Participants:

High schools (Varsity, Junior Varsity, and Freshman teams) of all classifications will be here. We serve schools of all sizes from around the state of Georgia. Our camps have entertained teams from other states in the past, as well. Everyone has an opportunity to play varied levels of competition.

Athletic Trainers:

An athletic trainer from the staff of Mercer University will be on hand to handle any injuries or medical issues that may arise.

Facilities:

During Team Camp we have 5, full-size, air-conditioned courts are available for use that are all located in Mercer's University Center. We also have access to courts in alternate locations which are easy to locate and get to. Directions will be provided for your convenience when necessary for travel.

Transportation:

All Mercer facilities are within walking distance. Shuttle service will be provided to alternative locations for coaches and their team members, if necessary.

Food and Lodging:

For teams boarding on campus, lodging is in one of Mercer University's, air-conditioned dorm. Dorms are within walking distance of the University Center and cafeteria. Most meals will be served courtside, however. For teams boarding on campus, meals will be included in the cost of camp. Meals are not provided for commuting schools.

Games, Officials, and Rules:

Unless a coach requests otherwise, each team is guaranteed 3 games on the 1st day, 3 games on the 2nd day, and 2 games on the 3rd day of camp. A huge feature of our camp is the fact that we use GHSAA officials to officiate almost all games. All games follow GHSAA Game Rules, with minor exceptions. We try to make the games as much like regular season games as possible.

Scheduling:

Scheduling for camp will not start until the week prior to each camp's start date. This is necessary because there are always last minute, participation changes. If you have any special scheduling requests, contact our Camp Director, Elvis Kisonas, at 478-550-0954.

Pricing:

There are different options for your 2018 participation. All teams pay a non-refundable fee to secure a place in the camp. In addition, the selected, appropriate team fee is due at check-in. Options are listed below.

A "team" consists of no more than 15 (fifteen) players.

<u>Option 1:</u>	<u>Cost</u>	<u>Details</u>
3-day Commuting	*\$100 fee and: *\$600 for 1 team *\$1000 for 2 teams *\$1300 for 3 teams *\$1500 for 4 teams	8-game guarantee and t-shirts (for up to 15 participants per team)
<u>Option 2:</u> Boarding on Campus	*\$100 fee and: *\$220 per player	8-game guarantee and t-shirts
<u>Option 3:</u> Single Days	*\$50 per day fee and: *\$200 per team, per day	3-game guarantee first 2 days, regular tournament on 3 rd and t-shirts (for teams participating 2 or more days for up to 15 participants per team)

Other Notes:

- ✓ Boarding rates include lodging and meals.
- ✓ Coaches of boarding teams stay free (**head coach and assistant or 1 coach per team**). Additional coaches/trainers (and non-participating, male children of coaches) may come and pay 1/2 the boarding rate (\$110).
- ✓ Again, each team must pay the deposit in addition to camp fees.
- ✓ The submission of your deposit secures a spot for your team(s) in Team Camp. Balance owed can be paid by mail or upon arrival.
- ✓ Coaches must turn in a completed (and witnessed) 2018 Mercer University Facilities Usage Form/Bob Hoffman Basketball Camp Release and Waiver of Liability at check-in for each and every participant. These should be completed before leaving home, because they must be signed by a parent or legal guardian.
- ✓ For preparation purposes, we need to know by June 14h if you plan to attend Team Camp. Send your deposit in to hold your spot.
- ✓ We ask that players NOT bring any valuables with them to camp. Bob Hoffman, nor Mercer University, will be responsible for lost or stolen items!
- ✓ If at all possible, we prefer not to accept individual checks as participant payment. Please consider having parents or contributors write checks to your school or booster club, and have your school/booster club then cut the check to Bob Hoffman Basketball Camp. If that is not possible, please let us know. As always, we are willing to work with you!

2018 Mercer University's Bob Hoffman Basketball Team Camp Registration Form
(Send in with Referee Fee to reserve your school's spot)

School Information: *Please write legibly.*

School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Head Coach's Name: _____

Cell Phone: _____ School Phone: _____ Home Phone: _____

School Email Address: _____ Alternative Email: _____

Teams You Will Have Attending (check all that apply):

One Varsity _____ One JV _____ One Freshman _____
Two Varsity _____ Two JV _____ Two Freshman _____

Pricing Option (Check One):

Option 1 _____

Commuting

*\$100 Deposit

Plus:

*\$600 for 1 team

*\$1000 for 2 teams

*\$1300 for 3 teams

*\$1500 for 4 teams

Option 2 _____

Boarding on Campus

*\$100 Deposit

Plus:

*\$220 per player

Option 3 _____

Single Days

*\$50 per day Referee's Fee

Plus:

*\$200 per team, per day

I, _____, the coach of _____, understand that a M.U. Facilities Usage Form/BHBC Team Camp Release and Waiver of Liability must be filled out and signed by a parent for each of my participating students before leaving home. I will collect those and understand that those must be turned in upon check-in at Team Camp.

Signature: _____

Date: _____

Please make checks payable to: "Bob Hoffman Basketball Camp"
Send this form, along with the Referee's Fee, to reserve your place in camp to:

Bob Hoffman Basketball Camp
Mercer University - 1501 Mercer University Dr. - Macon, GA 31207

Contact Information:

Head Coach: Bob Hoffman 478-301-5211
Camp Director – Elvis Kisonas 478-550-0954
Men's Basketball Office Fax: 478-301-5222

2018 Bob Hoffman Basketball Camp Tabulation Sheet
For Team Camp: June 21-23, 2018

School: _____

Head coach's name: _____

Best phone number to be reached at: _____

Email most often checked: _____

Tabulation for Boarding Teams

Number of players _____ X \$220.00 \$ _____

Extras (coaches/children of coaches) _____ X \$110.00 +\$ _____

Fee of \$100 if not yet paid +\$ _____

Total cost for your school =\$ _____

Tabulation for Commuting Teams

Number of teams (1/\$600, 2/\$1000, 3/\$1300, 4/\$1500) \$ _____

Fee of \$100 if not yet paid +\$ _____

Total cost for your school =\$ _____

Tabulation for Single-Day Teams

Number of teams/day one _____ X \$200 + \$50 Fee \$ _____

Number of teams/day two _____ X \$200 + \$50 Fee \$ _____

Number of teams/day three _____ X \$200 + \$50 Fee \$ _____

Total cost for your school \$ _____

Meals are not provided for teams that commute, however, meals that are served in Hawkins Arena can be purchased for \$5 per meal per player. *These are to be previously arranged and paid for during the check-in process.*

This form must be completed by a parent, signed, and turned in for each individual camper at registration!!
2018 MERCER UNIVERSITY FACILITIES USAGE FORM/BOB HOFFMAN BASKETBALL TEAM
CAMP RELEASE AND WAIVER OF LIABILITY

Camper Name _____ Age _____ DOB ____/____/____
Street Address _____ City _____
State _____ ZIP _____ School _____ Grade _____
Parent/Guardian Name _____ Parent's Phone _____
Alternative Phone Number _____ Email Address _____
Emergency Contact _____ Relation to Camper _____
Phone () _____ Secondary Contact _____ Phone () _____
Medical Insurance Carrier _____ Policy Number _____
Insured/Holder Name _____ Group Number _____
Primary Physician's Name _____ Phone () _____

On next 4, please use back of paper if more room is necessary.

Physical Limitations (asthma, diabetes, etc.) _____
Allergies (food/medicine) _____
List all medications taken on a daily basis _____
Additional information (surgeries/serious injuries in last 5 years) _____

I, _____ (printed name of "Camper" if over 18 years of age), know that participation in sports may result in serious injury or death, and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless Bob Hoffman, Mercer University, its administrators, employees, coaches, students, and staff, as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting me to and from activities from any claim arising out of any injury to myself or my child, whether the result of negligence or for any other cause.

I, _____, the parent(s)/guardian(s) of the above-named minor camper, do hereby:

- ✓ give my (our) approval for Camper to participate in activities utilizing Mercer University facilities and Mercer University athletic facilities. I (We) have read paragraph 1. above and agree to hold harmless Bob Hoffman, Mercer University, its administrators, employees, coaches, students and staff, as well as the organizers, supervisors, volunteers, sponsors, participants, and persons transporting my (our) Camper to and from activities, harmless from any claim arising out of any injury to my (our) Camper, whether the result of negligence or for any other cause.
- ✓ authorize any medical or surgical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold Mercer University and Bob Hoffman Basketball Camp harmless.
- ✓ understand that accident/medical insurance coverage is NOT provided by Mercer University or Bob Hoffman Basketball Camp. If injured while at Mercer University, on campus or in the facilities, I (we) understand that I (we) are responsible for any/all medical expenses and/or insurance coverages.
- ✓ understand that property damages and general liability insurance are NOT provided by Mercer University or Bob Hoffman. I (We) understand Mercer University nor Bob Hoffman are responsible for property damage resulting from the use of Mercer University facilities or athletic facilities. I (We) will be responsible for the cost of any property damage caused by our child.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Mandatory Printed Name of Witness

Mandatory Signature of Witness

Date