

**MEDICAL RELEASE FOR LOGGER  
SUMMER CAMPS**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize the directors, staff and medical staff of the Logger Camp or their designee to act for me according to their best judgment in any emergency requiring medical attention, and to select hospital facilities and/ or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event that such treatment becomes necessary as a result of participation in the Logger Camp.

I will be responsible for any medical or other charges in connection with his/her participation at camp. I hereby grant permission for the above named camper to participate in all camp activities. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program.

If a serious injury or medical condition should occur in conjunction with the participation in a Logger Summer Camp, the medical and/ or coaching staffs will attempt to contact a parent or guardian. In the event immediate contact cannot be established, the following statements are provided for your authorization/permission. If you do not wish to provide this authorization, please attach a separate piece of paper explaining what exact procedure you wish to be followed.

I/We authorize the camp staff at the University of Puget Sound to render any first aide or preventative, rehabilitative or emergency treatment deemed reasonably necessary to the health and well-being- of the above named camper.

I/We additionally grant permission for hospitalization treatment at an accredited facility, when it is necessary to protect the health and well-being- of the above named camper, in the judgment of camp staff.

I/We will be responsible for any charges incurred for medical help connected with participation in the camp for the above named camper at the University of Puget Sound.

Your child will be involved in strenuous physical activity. Please note any medical conditions or medications of which we should be aware; including allergies:

Signature of Parent or Guardian

Date: \_\_\_\_\_

University of Puget  
Sound  
Department of Athletics  
1500 N. Warner #1044  
Tacoma, WA 98416

# Men's Basketball



## 2005 Camps & Clinics



*Head Coach – Eric Bridgeland*



The 2005 Logger Basketball Camps and Clinics are directed by head coach Eric Bridgeland. Coach 'Bridge' played professionally and is a former member of the Canadian National Team. He has directed camps all over the U.S. As you will come to find out, Logger camps have quickly earned a reputation as being one of the finest camps around for teaching skills to make good players into great ones.

Assisting Coach Bridge will be current and former UPS players along with his coaching staff and other local coaches.

### Camp Purpose

Logger Basketball Camps were formed to provide instruction for players to learn the fundamentals of basketball and develop skills necessary to become college players in the future. The camp is designed to first evaluate players and then provide instruction based on their ability and current skill level. The primary purpose is to have fun.

For More Information contact Eric Bridgeland  
Phone: 253-879-3414 E-mail: ebridgeland@ups.edu

## Upcoming Events

All Camps/Clinics are held in the Fieldhouse on the campus of Univ. of Puget Sound  
Unless Otherwise Noted

### Boys Summer Camps – Ages 7-14

- Camp #1 June 27-July 1 (M-F) Cost: \$195
  - Camp #2 July 25-July 29 (M-F) Cost: \$195
  - Camp #3 Aug. 15-18 (M-TH) Cost: \$195\*
- Fee includes camp T-Shirt + Logger Ball

### Typical Camp Day:

- 8am – Camper check in – warm up
- 8:15 – Footwork / Pivot Work
- 9am – From Shooting
- 10am – Camp Offense
- 11am – Ball Handling
- 11:30 – Contest
- 12-1 – Lunch (**Bring own lunch**)
- Afternoon – Review – 3/3,4/4,5/5 game play
- 2pm – Speaker
- 4pm – Camper Pick-Up

### Payment

Make check or money order payable to **UPS Men's Basketball** and mail to:  
University of Puget Sound - Athletics  
Boys Basketball Camp c/o Eric Bridgeland  
1500 N. Warner • CMB 1044  
Tacoma, WA 98416  
Phone: 253-879-3459 Fax: 253-879-3634



Name \_\_\_\_\_

Parents or Guardians Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_

I would like to register for:

- Logger Camp #1**  
June 27-July1 (M-F) Cost: \$195
  - Logger Camp #2**  
July 25-July 29 (M-F) Cost: \$195
  - Logger Camp #3**  
August 15-18 (M-TH) Cost: \$175
- Boys ages 7-14 for all camps are eligible

### Parent/Guardian Release

I hereby authorize the staff of the University of Puget Sound Logger Boys Basketball Camp to act for me according to their best judgement in any emergency requiring medical attention. I hereby release the camp and UPS from any liability for injuries incurred by my son while attending camp. I have no knowledge of any physical impairment that would interfere with my child's participation in this camp.

\_\_\_\_\_  
Parents' or Guardians' Signature Date

**Limited Space – Reserve Your Spot Now!!!**

**University of Puget Sound tax ID number:  
91-0564961**