

RECHELLE TURNER 2018 ELITE CAMP APPLICATION

Please complete this application and return it to the address listed below. If you have any questions regarding camp, please contact Amber Guffey or Rechelle Turner at (270) 809-4497 or via email to turnersummercamps@gmail.com.

Camper's Name _____

Address _____

City _____ State _____ Zip Code _____

Graduation Year _____ Height _____ Position _____ T-Shirt Size _____

Parent's Name (s) _____

Home Phone _____ Cell Phone _____

E-Mail _____

Emergency Contact Name and Phone # _____



I understand and give permission for my daughter/ward's image to be taken in photographs and video, included, and published on the internet and/or printed on Murray State University marketing materials for the purpose of camp or university promotions.

***\$25 Deposit by June 22nd / July 27th ***

Make checks payable to Rechelle Turner Basketball Camps.

Please mail to: Murray State Women's Basketball

1401 St. Rte. 121 N.

Murray, KY 42071

Preferred method of completing this application is found on rechelleturnerbasketballcamps.com. You can fax application to (270) 809-5350 or send via email to turnersummercamps@gmail.com.



2018 RECHELLE TURNER BASKETBALL CAMPS MEDICAL RELEASE FORM

Camper's Name: _____

Parent's Name: _____

(Policy Holder Name)

Policy Holder's Social Security Number: _____

Name and Address of Insurance Company: _____

Insurance Co. Telephone: _____

Policy Number: _____

Group Number: _____

Any Other Identification: _____

Name and Address of Employer: _____

I verify the camp applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis, unless the condition is disclosed and approved. I hereby authorize the Directors of Rechelle Turner Basketball Camps to act for me according to their best judgment in any emergency requiring medical attention. If the camper should disregard the said rules, neither the camper, parent, nor guardian of the camper may hold Rechelle Turner, the Murray State basketball camp, nor its' staff responsible for resulting consequences. I, the undersigned hereby expressly agree to be responsible for any medical bill incurred in the treatment, or any illness, or accident (mental or physical). Also, as a condition of admittance as a camper, and on behalf of the applicant, I hereby release Rechelle Turner, Murray State University, and all other employees/agents of the camp from any and all liability from injuries.

Please Note: A copy of Murray State University's Annual Security Report can be obtained by contacting the Murray State Police Department at (270) 809-2222 or by accessing the following: [Annual Security Report](#)

Parent/Guardian Signature: _____ Date: _____

