



## RECHELLE TURNER 2018 TEAM 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](mailto:turnersummercamps@gmail.com).

School Name \_\_\_\_\_

Coach's Name \_\_\_\_\_

School Address \_\_\_\_\_

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

Level(s)/# of Games	Varsity	_____
	JV	_____
	Freshman	_____
	Middle School	_____
	Total Teams/# of Games	_____

Overnight Teams (Circle One)

2 Days/1 Night

3 Days/2 Nights

4 Days/3 Nights

Number of Players/Staff \_\_\_\_\_

Main Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\*\*\$75 Deposit is required by May 23rd to reserve your team a spot in the camp.\*\*\***

**Make checks payable to Rechelle Turner Basketball Camps or pay online at [rechelleturnerbasketballcamps.com](http://rechelleturnerbasketballcamps.com).**

**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](http://rechelleturnerbasketballcamps.com). You can fax application to (270) 809-5350 or send via email to [turnersummercamps@gmail.com](mailto:turnersummercamps@gmail.com).**

# Murray State Team Camp

## T-Shirt Sizes



Size	Quantity
Small	
Medium	
Large	
X-Large	
XX-Large	
XXX-Large	
<b>Total</b>	

High School: \_\_\_\_\_

Coach: \_\_\_\_\_

Please email this form along with any questions to [turnersummercamps@gmail.com](mailto: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: \_\_\_\_\_

