

## Registration Information

Name	Age
Address	City/State/ZIP
Phone	T-Shirt Size (youth/men)
School	Grade
Coach	Phone
Birthdate	Email Address

### 10u, 11u, 12u & 13u

- Tuition - \$60/session or \$100 for both  
 - Session I: June 9 (8:00 AM- 5:00 PM)  
 - Session II: June 10 (8:00 AM- 5:00 PM)  
 (includes lunch & one camp T-shirt)

### Middle School

- Tuition - \$60/session or \$100 for both  
 - Session I: June 16 (8:00 AM- 5:00 PM)  
 - Session II: June 17 (8:00 AM- 5:00 PM)  
 (includes lunch & one camp T-shirt)

### High School

- Tuition - \$60/session or \$100 for both  
 - Session I: June 11 (8:00 AM- 5:00 PM)  
 - Session II: June 12 (8:00 AM- 5:00 PM)  
 (includes lunch & one camp T-shirt)

### High School Varsity Players Only

- Tuition - \$100/session or \$180 for both  
 (Includes lunch & one camp T-shirt)  
 - Session I: June 18 (9:00 AM- 9:00 PM)  
 - Session II: June 19 (9:00 AM- 9:00 PM)  
 (includes lunch & one camp T-shirt)

### **PARENTAL WAIVER**

I am the Parent/Guardian of the above named participant who is under eighteen years of age and am fully competent to sign this agreement. I acknowledge that my child is in good physical health. In consideration of Participant being permitted to participate in the Clarissa Davis-Wrightsil basketball camp, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named individual, institution, its governing board, officers, employees and representatives from any and all liability to Participant. Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the activity, whether caused by negligence of the individuals, institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the individual, institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from participant's negligent or intentional act or omission while participating in the described activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO IDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICPANT'S NEGLIGENT OR INTENTIONALACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Date Signed

Date Signed



## **CLARISSA DAVIS-WRIGHTSIL**

### **Hall of Famer & Olympian**

- University of Texas Assistant Coach 2006 - 2007
- WNBA Executive San Antonio Spurs/Silver Stars, Chief Executive Officer 1999 - 2006
- Inducted into the Women's Basketball Hall of Fame, April 2006
- Garnered National Player of the Year recognition, receiving the Naismith Award in both 1987 and 1989 and the Wade Trophy in 1989.
- U.S. Basketball Writers Association, Champion and Mercedes Benz National Player of the Year (1988-89)
- A two-time Kodak All-American, U.S. Basketball Writers (1987, 1989)
- Earned Most Outstanding Player honors as a freshman at the 1986 Final Four, leading Texas to the NCAA Championship with a flawless 34-0 mark. Also led Texas to the NCAA Final Four (1986) and to the Final Eight twice (1988, 1989)
- Played on the 1992 U.S. Olympic Team, which received a bronze medal in Barcelona, and was the team's second-leading scorer (13.0 ppg)
- Also played on USA Basketball squads that collected gold medals in the 1986 World Championship, the 1986 and 1994 Goodwill Games, and the 1988 Pan American Games
- Named to both the NCAA and the Southwest Conference "Team of the Decade" for the 1980s, earning top honors as the SWC's "Athlete of the Decade"
- Tallied 2,008 points during her collegiate career for an average of 19.9 ppg and 8.7 rpg ... in the Texas career record book, she stands: 1<sup>st</sup>, scoring average; 4<sup>th</sup>, rebound average; 5<sup>th</sup>, field goal pct. (.539)
- Played professionally for ten seasons in Turkey, Japan, and Italy before returning to the United States and finishing her career with stints with the Long Beach StingRays and San Jose Lasers in the ABL and the Phoenix Mercury in the WNBA

# Clarissa Davis-Wrightsil

## Fundamental & Elite Girl's Basketball Camps Summer 2008



Middle School → High School → Univ. of West Virginia

## The Evolution of Sarah Miles

*The only thing between where you are now as a player and where you want to go in your future is...hard work, dedication, sacrifice, and making right choices...For this is the evolution of a "true basketball player" ...Start working toward your hoop dreams at Clarissa Davis-Wrightsil's Camps*

## Clarissa Davis-Wrightsil Camp Dates

- 10u-13u Fundamentals - June 9 & 10
- Middle School Fundamentals - June 16 & 17
- High School Fundamentals - June 11 & 12
- High School Elite Position - June 18 & 19

**Space is limited  
Register Now!**



Come on out and learn the game from Hall of Famer, Olympian, former University of Texas Assistant Coach, two-time National Player of the Year, All-American, National Champion and 10 year professional basketball All-Star and Champion, Clarissa Davis-Wrightsil and her staff.

**"If you want to be the best, come learn from the best!"**

This camp is for players who want to work on the fundamentals of the game. We will cover shooting, passing, ball handling, basic footwork, defensive stance and positioning.

Clarissa Davis-Wrightsil's "Next Level" (Fundamental Skills Camp) at:  
Sam Houston High School  
San Antonio, Texas

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(includes lunch & one camp T-shirt)

email: [cdw@nextlevelhoopscamp.com](mailto:cdw@nextlevelhoopscamp.com)



This camp is for varsity players who want to take their games up another notch!! It will cover NCAA and pro position specific offensive moves, ball handling, functional movement, agility and footwork. We will offer NCAA recruiting 101 Session that will give you pointers on the collegiate evaluation and recruiting process. In addition, we will be inviting Div. II, Div. III, NAIA and Jr. College Coaches to the event to evaluate your skills.

Clarissa Davis-Wrightsil's  
"Earn Your Stripes" (Elite Position Camp)  
& College Evaluation Camp at:  
Sam Houston High School  
San Antonio, Texas

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email: [cdw@earnyourstripeselitecamp.com](mailto:cdw@earnyourstripeselitecamp.com)

**How To Apply:**

The medical release form, application, and parental waiver form should be filled out completely, detached and then mail with full payment as soon as possible to:

Clarissa Davis-Wrightsil  
PMB #268  
6705 Hwy 290W, Suite 502  
Austin, TX 78735

*NOTE: It is very important that all campers provide parental waiver signatures and a medical form or they will not be allowed to participate in the activities. Acceptable forms of payment are: cash, money orders, cashier's check all payable to Clarissa Davis-Wrightsil.*

Campers Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,State,ZIP: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Medical Release and Parental Waiver of Consent to provide treatment of a minor:**

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor) hereby authorize such diagnostic, medical and or surgical treatment of such minor a may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Clarissa Davis-Wrightsil and her officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic medical and or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical/Insurance Information**

Allergies: \_\_\_\_\_  
Current Medical Conditions: \_\_\_\_\_  
Current Medication: \_\_\_\_\_  
Other important medical information: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
SSN or ID # of Insured: \_\_\_\_\_  
Phone # for benefit verification: \_\_\_\_\_