

# SCHMIDT TEAM CAMP MEDICAL RELEASE

Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address (if different) \_\_\_\_\_

Parent's Work Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

## Insurance Information

Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

PPO/PPN/HMO \_\_\_\_\_

## Medical Information

Physician's Name \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

## Medical History

Allergies \_\_\_\_\_

Restrictions \_\_\_\_\_

Medications \_\_\_\_\_

Dosages \_\_\_\_\_

## Consent to Treat and Release

I hereby give permission to the Mark Schmidt Basketball School, its officers, employees, agents, trainers, or staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatments, procedures, operations and/or hospitalizations. I further agree to hold them harmless and indemnify them for all medical bills incurred for the treatment of my child.

I understand that basketball is a very physical sport that can result in serious injury. I hold the Mark Schmidt Basketball School and its officers, employees, agents, trainers or staff members harmless and hereby release them from liability for any injury to my child while attending the camp.

Parent/Guardian's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signed Name \_\_\_\_\_ Date \_\_\_\_\_

**Mark Schmidt Basketball Camp**  
**St. Bonaventure University**  
**Route 417 / Reilly Center**  
**St. Bonaventure, NY 14778**



THE 11TH ANNUAL  
**MARK SCHMIDT**  
TEAM CAMP



JULY 15-16, 2017

**BE A PART OF  
THE ACTION!**  
ALL TEAMS GUARANTEED 6 GAMES!



# TEAM CAMP WEEKEND

July 15-16

Registration: 8-10 a.m., Reilly Center

## Typical Camp Day Includes ...

- Breakfast
- Dinner
- First game set
- Third Game Set
- Lunch
- Coach Schmidt Chalk Talk
- Practice
- Pizza/Free Time
- Second game set

\* All Games Played in the FAMED Reilly Center  
or  
NEW Richter Center

## HIGHLIGHTS OF SCHMIDT TEAM CAMP



- Games in the famed Reilly Center on the **NEW** Bob Lanier Court
- 3 indoor basketball courts in the **NEW** Richter Center
- Teams will play games in arranged divisions (small schools, large schools)
- NCAA "March Madness" Tournament on Sunday
- Guaranteed six games with certified officials
- Awards for each division champ
- Athletic trainers on duty at all times
- Buffet meals served in the **NEWLY RENOVATED** Hickey Dining Hall
- Free camp t-shirt



## TEAM CAMP INFO

The goal of the **Mark Schmidt Team Camp** is to help teach high school teams winning strategies and fundamentals along with the proper attitude and work ethic needed to be successful.

The camp offers great competition as high schools from Buffalo, Rochester, Jamestown, the greater New York-Pennsylvania-Ohio and Maryland areas are expected to attend.

The team camp is directed and planned by Coach Schmidt and his assistants at St. Bonaventure. The camp's staff consists of St. Bonaventure coaches and players who will work with each team individually.

### 2016-17 TEAM HIGHLIGHTS

**#20 overall wins – first back-to-back 20-win seasons since 1977-78**

**#11 Atlantic 10 conference wins – third straight year with double digit A-10 wins - PROGRAM RECORD**

**Led the Atlantic 10 in scoring at 76.8 points per game**

**Third straight season with multiple players named to the A-10 All-Conference team**

**Jaylen Adams – 1st team (second straight year)**

**Matt Mobley – 3rd team**

**Mark Schmidt moved to #2 all-time on the St. Bonaventure coaching wins list with 166**

# MARK SCHMIDT BASKETBALL TEAM CAMP



Mail application and make check payable to:

Mark Schmidt Team Camp  
Men's Basketball Office  
3261 West State Road  
St. Bonaventure, NY 14778

Team/School Name: \_\_\_\_\_

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

Coach's Phone # (Cell): \_\_\_\_\_

Coach's Phone # (Home): \_\_\_\_\_

Coach's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

### TEAM ROSTER

Player Name\* \_\_\_\_\_ T-Shirt Size  
(\* each player must complete a medical release form)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Players \_\_\_\_\_ x \$120\* each = \$ \_\_\_\_\_

\* includes four meals and one night's lodging on campus

For more information on team and individual camp combination discounts, contact Matt Pappano  
Office: (716) 375-2218/Cell: (716) 790-0425  
Email: mpappano@sbu.edu  
or visit our website: www.GOBONNIES.com.

A \$200 per team non-refundable deposit is required to reserve a spot prior to camp reaching capacity. The balance is payable on or before the first day of the camp.  
**Please fill out both sides and return.**