Dear Coach:

Michigan Women’s Basketball would like to invite you and your team to attend the **2012 Team Shootout**.

The Team Shootout will be held on Friday, June 15th and Saturday, June 16th. **The cost is $425 per team!!**

The shootout is designed to give you the most bang for your buck! Every team will play 5 games. Each team will begin in pool play, then placed into a tournament bracket according to record. Games are stopped-clock and registered officials are used. **You are responsible for your own lodging and meals.** Team check-in will start at noon on Friday, June 15th at the **new Player Development Center**. Games will begin at 2 PM. **We will try to get you a schedule prior to shoot-out check-in.**

Games will be played in the new PDC (333 E. Stadium Blvd.), Cliff Keen Arena (616 E. Hoover), and the Intramural Sports (IM) building (606 E. Hoover).

The shootout is limited to the first 34 teams and a non-refundable $200.00 deposit is due by Friday, June 1, 2012. **Checks should be made payable to KB Basketball.**

If you are interested in signing up for the KB Basketball Team Shoot Out, please fill out the enclosed Team Shootout Reservation Form and roster. Be sure to select the level you would like each team to compete as well as select the ranking for each team from 1-5, and return it via mail or fax as well as the enclosed roster. This will initially reserve a spot(s) for your team(s).

If you have any questions regarding our summer camps, please call Raina Harmon, our Director of Basketball Operations, anytime at 734-763-1443 or via email at rsharmon@umich.edu.

Sincerely,

Dawn Plitzuweit  
Assoc. Head Coach  
University of Michigan
2012 TEAM SHOOT OUT RESERVATION FORM

The University of Michigan
Women’s Basketball
Contact: Raina Harmon
Phone: 734-763-1443
Email: rsharmon@umich.edu

SUMMER TEAM CAMPS FILL UP VERY FAST! MAKE YOUR RESERVATION TODAY!

PLEASE RETURN FORM ASAP TO RESERVE A SPOT FOR YOUR TEAM(S) IN SUMMER CAMP:

Return to:
KB Basketball Camp
C/O Michigan Women’s Basketball
1000 S. State Street
Ann Arbor, MI 48109

OR FAX TO….734-764-0833

PLEASE FILL OUT THE INFORMATION BELOW:

School:__________________________________  Coach Name: ______________________________
School Address: __________________________  Coach Home Address: _______________________
School Phone: ____________________________   Coach Home Phone: ________________________
Coach Cell Phone:__________________________  Email: ___________________________________

Team Shootouts (June 15 & 16): Note: Teams are responsible for their own hotel and meals

<table>
<thead>
<tr>
<th></th>
<th>Number of Teams</th>
<th>Est # of players</th>
<th>Level of Competition</th>
<th>Rank of Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varsity</td>
<td>_____________</td>
<td>_____________</td>
<td>Upper Middle Lower</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>JV</td>
<td>_____________</td>
<td>_____________</td>
<td>Upper Middle Lower</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Camp correspondence should be mailed to: ☐ School Address ☐ Home Address

PLEASE FILL OUT A ROSTER FOR EACH TEAM COMING TO MICHIGAN TEAM CAMP.

PLEASE RETURN TO:
KB Basketball Camp
C/O Michigan Women’s Basketball
1000 S. State Street
Ann Arbor, MI 48109

OR FAX TO....734-764-0833

School: ____________________________  City: ____________________________  State: _____________

Coach: ____________________________

Division: □ Varsity  □ Junior Varsity

<table>
<thead>
<tr>
<th>NAME</th>
<th>GRAD YEAR</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>__________</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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<td>14.</td>
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</tr>
<tr>
<td>15.</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>
Please read the following information carefully before signing.
All blanks must be completed. Please read the following information carefully before signing.

Activity: Girl's Basketball  Activity Time Period: ________________
Activity Sponsor: KB Basketball
Participant Name: ________________
Parent/Guardian Name(s): ____________________________

In consideration for allowing Participant to participate in Activity, I/we, as parents and/or guardians of Participant, agree to the following:

Authorize Participant to participate in the Activity for the Activity Time Period stated above.

Release, indemnify and hold harmless the Activity Sponsor and University from any and all damages, except for damages caused by the sole gross negligence or intentional misconduct of Activity Sponsor or University, arising out of the participation of Participant in the Activity.

Prior to the commencement of the Activity, I/we were made aware of the nature of the Activity, had sufficient opportunity to inquire further, and understand the Activity has inherent risks and I/we and Participant assume, on behalf of Participant, all those inherent risks.

While participating in the Activity, Participant is subject to the policies, rules and regulations of the University and Activity Sponsor. Possession of fireworks, explosives, any weapon, illegal drugs or alcohol is prohibited and cause for immediate expulsion from the Activity. Further, any Participant repeatedly disobeying University or Activity Sponsor policies, rules or regulations may be expelled from the Activity.

Authorize Activity Sponsor, its employees, clinicians, trainers, nurses and agents (collectively, “Activity Sponsor”) the authority to seek, obtain, and approve any medical care and treatment including, but not limited to x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which may be recommended and provided under the general supervision of any physician or surgeon, for Participant which, in their judgment, is necessary for the health and well-being of Participant during his/her participation in the Activity. I/We further agree that I/we are(am) solely responsible for any costs incurred and agree to hold the Activity Sponsor and the Regents of the University of Michigan, their employees and agents (collectively, “University”) harmless for any liability arising out of any good faith action taken in obtaining medical treatment for Participant.

The above agreements are binding upon us, our estates, heirs, representatives and assigns.

Parent/Guardian Signature ____________________________ Date _____________
Parent/Guardian Signature ____________________________ Date _____________
Participant Signature ________________________________ Date _____________
Private insurance information must be provided, if applicable. Please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Participant Name ______________________________________________________________________________

Participant’s Address __________________________________________________________________________

Participant’s Phone Number __________________________

Date of Birth ______________________________________

Insurance Company Name _______________________________   Effective Date ___________________________

Address of Insurance Company __________________________________________________________________

Phone Number of Insurance Company ________________________________ Group #_______________________

Policyholder’s Name _______________________________ Policy # _________________________________

Policyholder’s Address _________________________________________________________________________

Relationship to Participant ____________________________________________________________

Contract # ____________________________ Employee Number ________________________________

**I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.**

Parent/Guardian Signature ____________________________ Date __________________________

Parent/Guardian Signature ____________________________ Date __________________________

**I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for all costs not paid by my medical insurance program.**

Parent/Guardian Signature ____________________________ Date __________________________

Parent/Guardian Signature ____________________________ Date __________________________

**EMERGENCY INFORMATION AND CONTACTS**

*Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.*

Name of Personal Physician ___________________________________________ Phone _______________________

Physician Address __________________________________________________________

Person(s) to be contacted in case of Emergency:

Name ____________________________ Relationship ____________________________

Address _________________________________________________________________________

Daytime Phone ____________________________ Evening Phone ____________________________ Cell Phone____________________

Name ____________________________ Relationship ____________________________

Address _________________________________________________________________________

Daytime Phone ____________________________ Evening Phone ____________________________ Cell Phone____________________
UM Summer Camp Health Questionnaire
(To be filled out by Participant’s Parent or Guardian)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Birthdate</th>
<th>Sex: M F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Family Physician</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian CampType

Medications: indicate medication(s) which is/are taken on a regular basis:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Directions</th>
</tr>
</thead>
</table>

Note: Participant should bring an adequate supply of their medication(s) with them.

Explain any “yes” answers below:

Yes No

Nervous System: Has the participant ever:
1. had a head injury?
2. been knocked out or unconscious?
3. had a seizure?
4. had a stinger, burn or pinched nerve?
5. had any problems with his/her eyes or vision?
6. worn glasses, contacts or protective eyewear?

Circulation: Has the participant ever:
7. been dizzy or passed out during or after exercise?
8. had chest pain during or after exercise?
9. tired out more quickly than their friends during exercise?
10. been told he/she has a heart murmur?
11. had racing heart or skipped heartbeats?
12. had anyone in their family died of heart problems or sudden death before age 50?

Respiratory:
13. Does the participant ever have trouble breathing or cough during or after exercise?

Musculoskeletal:
14. Does he/she frequently have heat or muscle cramps?
15. Do he/she use any special equipment (pads, braces, neck rolls, mouth guards, etc.)?
16. Has he/she had any injuries of any bones or joints?

<table>
<thead>
<tr>
<th>Head</th>
<th>Chest</th>
<th>Shoulder</th>
<th>Elbow</th>
<th>Wrist</th>
<th>Hip</th>
<th>Knee</th>
<th>Ankle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td>Back</td>
<td>Forearm</td>
<td>Hand</td>
<td>Thigh</td>
<td>Calf</td>
<td>Foot</td>
<td></td>
</tr>
</tbody>
</table>

Skin: Does he/she have any skin problems (itching, rashes, acne, etc.)?

General:
17. Has he/she ever had surgery or been hospitalized?
18. Has he/she had any other medical problems (infectious mono, diabetes, high blood pressure, etc.)?
19. Is he/she taking any medications or pills?
20. Does he/she have any allergies (medicines, bees or other stinging insects)?
21. When was the participant’s last tetanus shot?
22. When was the participant’s last measles immunization?

Females only:
23. When was the participant’s first menstrual period?
24. When was the participant’s last menstrual period?
25. What was the longest time between the participant’s periods last year?

Explain “Yes” answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Participant Date / / 
Signature of parent/guardian
Physical Examination Information

Date / / 

Name of Participant ____________________________________________________________ Age _______ Birthdate / / 

Each participant must EITHER attach a copy of a physician conducted sports examination applicable to this current academic year OR have a physician complete and then sign the form below.

Clearance: (circle one)

A. Cleared

B. Cleared after completing evaluation / rehabilitation for: _____________________________

C. Not cleared for: Collision

Contact

Noncontact: Strenuous Moderately strenuous Nonstrenuous

Due to: _______________________________________________________________________

Recommendation: __________________________________________________________________________

________________________________________________________________________________________

Signature of physician ____________________________ Date / / 

Physician Address ________________________________________________________________

Physician Phone ________________________________________________________________________
University of Michigan Athletics Campus

Key to Other Buildings
1. Junge Family Champions Center
2. Weidenbach Hall (Administration)
3. Marie Hartwig Building (Ticket Office)
4. Stephen M. Ross Academic Center
5. Schembecher Hall (Football)
6. South Ferry Field Locker Complex
7. Coliseum (Loken Men's Gymnastics Center)
8. Shepherd Women's Gymnastics Center
9. Wrestling Practice Center
10. Intramural Sports Building
11. Revell Hall (Band)
DIRECTIONS TO THE PDC & CRISLER ARENA

Player Development Center & Crisler Arena
(Located at 333 E. Stadium Blvd., Ann Arbor, MI  48104)

Take I-94 West to Ann Arbor Saline Rd make a right.  Ann Arbor Saline Road turns into Main St.  At the corner of Main St & Stadium Blvd make a right.  The Player Development Center and Crisler Arena will be on your left hand side, right next to the Michigan Football Stadium.

**Due to Stadium Blvd bridge construction, you will only be able to access the PDC and Crisler from the above Main Street/Stadium Blvd route.

Intramural Sports Bldg.
(606 E. Hoover, Ann Arbor, MI)

To get to the Intramural Sports Bldg. you would go back to the corner of the Stadium and Main (the football stadium would be at your right) make a right turn on Main, go to Hoover make another right and once you go over the railroad tracks start looking to your right and the IM Bldg will be on the right hand side - next to the Don Canham Natatorium.  If you go to the corner of State and Hoover you have gone too far.

Parking for the IM Bldg and Cliff Keen Arena are located directly behind the buildings.  There are two entrances to this lot.  One is on Hoover (immediately after the railroad tracks – if coming from PDC/Crisler).  The second is on State Street (between Yost & the Ross Academic Center).

Special Note: If you are going directly to the IM Bldg. follow the above directions to Crisler, but at the corner of Stadium Blvd. & Main instead of turning, you would go straight to stay on Main and take to Hoover.

Cliff Keen Arena
(616 E. Hoover, Ann Arbor, MI)

Keen arena is adjacent to the Intramural Sports Bldg., towards State Street.

If you have any questions please call the women’s basketball office at (734) 647-2918.
## Restaurant Guide

<table>
<thead>
<tr>
<th>Restaurant</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applebee’s</td>
<td>2310 Green Road</td>
<td>734.741.1870</td>
</tr>
<tr>
<td>Bennigan’s</td>
<td>575 Briarwood Circle</td>
<td>734.996.0996</td>
</tr>
<tr>
<td>California Pizza Kitchen</td>
<td>870 Briarwood Circle</td>
<td>734.327.0255</td>
</tr>
<tr>
<td>Damon’s</td>
<td>3150 Boardwalk Drive</td>
<td>734.827.2277</td>
</tr>
<tr>
<td>Jimmy John’s</td>
<td>600 Packard Road</td>
<td>734.741.9200</td>
</tr>
<tr>
<td>Macaroni Grill</td>
<td>3010 S. State Street</td>
<td>734.663.4433</td>
</tr>
<tr>
<td>Max &amp; Erma’s</td>
<td>455 E. Eisenhower Pkwy.</td>
<td>734.998.0505</td>
</tr>
<tr>
<td>Olive Garden</td>
<td>445 E. Eisenhower Pkwy.</td>
<td>734.663.6875</td>
</tr>
<tr>
<td>Oriental Express</td>
<td>707 Packard Road</td>
<td>734.668.2744</td>
</tr>
<tr>
<td>Panera Bread</td>
<td>903 W. Eisenhower Pkwy.</td>
<td>734.213.5800</td>
</tr>
<tr>
<td>Pizza House</td>
<td>618 Church Street</td>
<td>734.995.5095</td>
</tr>
<tr>
<td>Arby’s</td>
<td>Briarwood Mall</td>
<td>734.665.5599</td>
</tr>
<tr>
<td>Buffalo Wild Wings</td>
<td>205 S State St.</td>
<td>734.997.9143</td>
</tr>
<tr>
<td>Burger King</td>
<td>725 Victors Way</td>
<td>734.996.1223</td>
</tr>
<tr>
<td>KFC</td>
<td>2245 W. Stadium</td>
<td>734.222.0265</td>
</tr>
<tr>
<td>McDonald’s</td>
<td>3752 S. State Street</td>
<td>734.668.8082</td>
</tr>
<tr>
<td>McDonald’s</td>
<td>3001 W. Waters</td>
<td>734.995.9356</td>
</tr>
<tr>
<td>Subway</td>
<td>617 Packard Road</td>
<td>734.996.9140</td>
</tr>
<tr>
<td>Subway</td>
<td>Michigan Union - 530 S. State</td>
<td>734.994.5900</td>
</tr>
<tr>
<td>Taco Bell</td>
<td>2280 W. Stadium Blvd.</td>
<td>734.663.2772</td>
</tr>
<tr>
<td>Wendy's</td>
<td>3100 Boardwalk</td>
<td>734.996.0547</td>
</tr>
<tr>
<td>Wendy’s</td>
<td>Michigan Union - 530 S. State</td>
<td>734.662.7542</td>
</tr>
</tbody>
</table>