



Chapman University Basketball Team



Boys & Girls Skills Clinic and University Tour

October 13th, 2018

Experience a college practice with Coach Carol Jue!

1st Session 9:00am – 12:00pm (Grades 1st – 6th)

2nd Session 1:00 – 4:00pm (Grades 7th – 12th)

Hutton Sports Center – Chapman University

\$45.00 per child, *includes Jersey*

Mail application to: Chapman Basketball Clinic by **October 8, 2018**

18546 Santa Ynez Street, Fountain Valley, CA 92708

Make checks payable to: Chapman Womens' Basketball

Email questions to: Derek Hamaguchi, Dhamaguchi3631@gmail.com or

Carol Jue, Jue@Chapman.edu



Under the guidance of Coach Carol Jue, Chapman's all-time winningest women's basketball coach, the Panthers have been considered amongst the elite programs in the West Region. Since 2003, Jue has led Chapman to at least a winning record every year, including nine NCAA Division III playoff berths (2004-09, '11, '14, '18) and nine 20-win seasons. Now with an overall record of 290-116 at Chapman, her teams have won over 70 percent of their games. She has coached four All-West Region selections, three Academic All-Americans, six Academic All-District honorees and two SCIAC Athletes of the Year.

Coach Jue led the Panthers to the SCIAC Tournament title in 2017-18 and had their most successful SCIAC season ever with a 15-1 record. Chapman went 23-5 overall with Coach Jue and her staff being recognized as the SCIAC Coaching Staff of the Year for the third year in a row.

2018 Chapman Basketball Youth Clinic

Name: _____

Age: _____ Current Grade: ____ Jersey Size: Youth: S, M, L or Adult S, M, L, XL (Circle one)

Address: _____

City: _____

Phone: _____

Cell Phone: _____

Emergency Phone: _____

Parent Email: _____

Insurance Carrier: _____

I have given my child permission to participate in the Chapman Basketball Youth Skills Clinic and I certify that they are in good health and can take part in all normal activities. If an injury occurs, I authorize the camp staff to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. The proper calls will be made to you before any medical attention is given. In case of extreme emergency, I authorize the emergency personnel to take proper actions.

Parent/Guardian Signature: _____