

Game Rules

- Two 20:00 halves, running clocks
- Clock stops at each dead ball for the last minute of each half
- Halftime is 3:00 in length
- Teams will be in the bonus after seven team fouls per half and the double-bonus after 10 team fouls per half
- One 30-second timeout for each team per half
- The first overtime is 2:00; each additional period is 1:00
- Please clear the court immediately following each game so as to keep the camp running on schedule

Medical Attention

The Wheeling Jesuit University Athletic Trainer and/or one of his associates will be on site to attend to any medical issues for the duration of the camp. Wheeling Hospital physicians will be available for any medical illness or sports related injury.

Campus Safety

Campus security can be reached by dialing 304-243-2486 from an outside line or 2486 from any on-campus phone.

Concessions

A concession table will be set up in the lobby of the Alma Grace McDonough Center. The concession table will be serving hot dogs, soft pretzels, Gatorade, soda and other snacks.

Questions/Concerns

We hope you enjoy your weekend at Wheeling Jesuit University and visit us again in the future. If you have any questions or concerns, please contact Danny Sancomb at 304-243-2366. If you would like to bring your team to any Wheeling Jesuit University home game at the Alma Grace McDonough Center, please contact Coach Sancomb in the office at the above number. High school coaches are also always welcome to attend any Wheeling Jesuit University basketball practice. Please call Coach Sancomb to arrange for a practice visit.

Danny Sancomb, Men's Basketball
Alma Grace McDonough Center
Wheeling Jesuit University
316 Washington Avenue
Wheeling, WV 26003
Address Correction Required



2009 Wheeling Jesuit University High School Basketball Team Camp

June 27-28, 2009

Alma Grace McDonough Center
316 Washington Avenue
Wheeling, WV 26003

Four guaranteed games throughout the weekend

Certified referees to officiate each game

T-shirts for all campers

End of game situation tournament

Certified Athletic Trainer on staff the entire weekend

College coaches in attendance

Overnight fees (6 rooms, plus breakfast) \$525

Day fee \$275



WHEELING JESUIT UNIVERSITY

Teams from West Virginia, Ohio, Pennsylvania, Maryland and Washington, DC are encouraged to attend.



WHEELING JESUIT UNIVERSITY



March 15, 2009

Dear Coach:

I hope this letter finds you well and in the midst of a productive off-season. I want to invite you to our team camp at Wheeling Jesuit University on Saturday, June 27 - Sunday, June 28, 2009. Following are some of the details of our camp:

- Your team will play at least four games.
- Certified referees officiate each game.
- Wheeling Jesuit University basketball t-shirts for each member of your team.
- End of game situation tournament.

We hope to see you this summer! If I can answer any questions or you would like to reserve a spot, please contact me at the phone number or email address listed below.

Sincerely,

Danny Sancomb
Head Basketball Coach
Wheeling Jesuit University

FOR MORE INFORMATION, CONTACT:
Danny Sancomb at 304-243-2366 or dsancomb@wju.edu
Chad Dickman at 304-243-2083 or cdickman@wju.edu
Doc Merrick at 304-243-3490 or gmerrick@urologicresearchinstitute.org

Roster

One application per team

Contact Information (This person is responsible for sending in the team application and will receive all correspondence from the Wheeling Jesuit University Team Camp staff.)

Name _____ Address _____
 Email _____ Fax _____ Phone _____
 School Name _____ Head Coach _____

Team Roster

	Name	09-10 Grade	Jersey Number	Shirt Size	Waiver Signed & Included
1.	_____				<input type="checkbox"/>
2.	_____				<input type="checkbox"/>
3.	_____				<input type="checkbox"/>
4.	_____				<input type="checkbox"/>
5.	_____				<input type="checkbox"/>
6.	_____				<input type="checkbox"/>
7.	_____				<input type="checkbox"/>
8.	_____				<input type="checkbox"/>
9.	_____				<input type="checkbox"/>
10.	_____				<input type="checkbox"/>
11.	_____				<input type="checkbox"/>
12.	_____				<input type="checkbox"/>
13.	_____				<input type="checkbox"/>
14.	_____				<input type="checkbox"/>
15.	_____				<input type="checkbox"/>

Make checks payable to "Danny Sancomb Wheeling Jesuit University Men's Basketball." The price is \$525 per team for overnight and \$275 for day teams for the weekend. Please mail completed application and payment to:

Danny Sancomb
Wheeling Jesuit University
316 Washington Avenue
Wheeling, WV 26003
Ph: 304-243-2366

All participants will be required to complete and sign a Wavier of Responsibility. The waivers will be mailed to the contact person for the group and can be brought to the team's first game. Payment must be received by Friday, June 19, 2009, in order to secure your team's spot.

Application is also available online at www.wju.edu/athletics.

Waiver of Responsibility

When an individual participates in various programs at Wheeling Jesuit University through the Athletics Department (including camps/clinics conducted by Wheeling Jesuit University Coaches), he or she understands that there are certain risks in connection with such activity and must agree to the following:

I agree to release Wheeling Jesuit University (and all its officers, employees and agents) and the Team Basketball Camp from responsibility in all manner of actions and causes of action - i.e., suits, debts, accounts, judgments - including all claims arising out of incidents involving personal injury of any kind by reason of participation in the Team Basketball Camp.

I assume any and all risks arising from my participation in the Team Basketball Camp, including, without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care, or the negligent acts of another person.

I will indemnify and hold harmless Wheeling Jesuit University (and its officers, employees and agents) and the Team Basketball Camp for any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to my own negligent or intentional act or omission.

The undersigned expressly acknowledges that he or she has read and understands this Agreement and Release and signs it freely and voluntarily.

This waiver is intended to be legally binding.

Name of Camp Attendee (print) _____

Name of Parent or Legal Guardian (print) _____

Signature of Parent or Legal Guardian _____

Date _____