Swarthmore Elite Showcase
Saturday, May 11, 2019
2:00-6:00 PM
For boys, Grades 9-11

“A few short weeks ago our team advanced to the National Championship game. We finished the season ranked 2nd in the country with a 29-4 record, and two players were named to the All-America team. Swarthmore is one of the most successful basketball programs in the country and the College offers one of the most elite educations in the world. Seven players on our team participated in our elite camps, so the opportunity is definitely worth the investment of your time and energy.”
Landry Kosmalski, Head Men’s Basketball Coach

Camp Overview
This camp is for players who are committed to playing basketball at the collegiate level. Campers will learn the intricacies of Swarthmore’s Motion offense, and they will play games in a highly competitive environment. They will get a feel for Swarthmore’s playing style, meet and spend time with Garnet players, and receive instruction exclusively from the Swarthmore coaching staff. All campers will leave with a better understanding of what makes Swarthmore College and its basketball program unique.

Tentative Schedule
1:00   Registration
2:00   Welcome
2:05   Warm-up
2:15   Motion Movement Stations
2:45   Motion Shooting
3:15   3-on-3 Motion Competition
3:50   Film
4:15   Games
5:55   Closing

*Snacks and Gatorade will be provided during film break

Swarthmore College
Founded in 1864, Swarthmore is annually ranked as one of the country’s top liberal arts schools. With 1,550 students and an 8:1 student/faculty ratio, the college emphasizes collaborative learning. Its intimate environment and communal atmosphere make it one of the most unique institutions of higher learning in the world. Swarthmore’s beautiful 425-acre campus is just 11 miles southwest of downtown Philadelphia and only seven miles from Philadelphia International Airport. Campers will train at Tarble Pavilion (GPS: 512 Fieldhouse Ln, Swarthmore PA).

Head Coach
Landry Kosmalski was named head coach at Swarthmore College in May 2012. He came to Swarthmore from Davidson College where he played and coached for nine years. While at Davidson, he was a part of five conference championship teams and three NCAA tournament appearances. In between his collegiate playing and coaching career, Landry played professionally overseas in Sweden and France.
Registration Form

Name_________________________ Graduation Year________________
Address_________________________ Cell #_____________________
________________________________ Email_____________________
________________________________ Birthdate____________________

Position (circle)  1/2  2/3  3/4  4/5  Height___________Weight___________

High School_________________________ GPA________ SAT/ACT__________
HS Coach_____________________________ HS Coach’s Cell #_____________

Father_________________Cell #____________Email_____________________
Mother_________________Cell #____________Email_____________________

Insurance Provider:_________________________Policy #:____________________

Registration fee: $75.00 (no refunds after May 3, 2019)
Make checks payable to “Swarthmore College”
Registration form, fee, and liability waiver (see below) due by Friday, May 3, 2019.

Mail to:
Men’s Basketball Office
500 College Ave
Swarthmore, PA 19081

For more information, please email Landry Kosmalski at: landry@swarthmore.edu
Camp size is limited so register now!
FULL RELEASE & PROMISE NOT TO SUE SWARTHMORE COLLEGE AND ITS REPRESENTATIVES

PLEASE READ CAREFULLY! This form must be completed BEFORE participation in the Activity will be allowed. All persons completing this document MUST be at least 18 years of age.

Name and Description of “Activity”: Swarthmore College Men’s Basketball Elite Showcase

Start/End Date(s): 5/11/19 - 5/11/19  
Start/End Time: 2:00 PM - 6:00 PM

Location(s): Swarthmore College

Sponsoring Organization(s): Swarthmore College Men’s Basketball

S.O. Contact Name: Shane Loaffer  
# : 610-329-7792

Releasing Participant or Parent/Guardian:
(If participant is a minor, then form must be completed by a parent/guardian.)

Participant-child(ren):
(Enter names of any participant-children under 18 years old)

Notice:
- Participation in this Activity is completely voluntary.
- If this form is being completed by a parent/guardian, you are required to provide an accurate phone number, and to leave your phone on at all times during the Activity, so that you can be reached in case of an emergency. In the event of a medical emergency, the Sponsoring Organization will first call 911 and will then call the participant’s parent/guardian and emergency contact.
- Because of insurance limitations, Swarthmore College independent contractors, employees (staff, supervisors, student workers) and volunteers shall not, under any circumstances, store, dispense or administer any form of medication to participants of the Activity. This requirement cannot be waived under any circumstances.
- It is required that the parents/guardians disclose, in writing, any special needs, known allergies or sensitivities of the child (food, insects, or medicines) in the event a participant-child is transported to the hospital.
- Swarthmore College does not carry medical insurance for injuries sustained by participants of the Activity. The absence of health insurance coverage does not make Swarthmore College responsible for payment of any medical expenses for a participant.

RELEASE: In return for Swarthmore College allowing me and/or my child(ren) to voluntarily participate in the Activity, I agree and promise, for myself and my representatives, not to sue Swarthmore College and its representatives, including its agents, board of managers and officers, insurers, attorneys, employees, students and volunteers, for any and all liability, claims, demands, and/or causes of action whatsoever, whether known now or in the future, arising out of my own or my child(ren)’s participation in this Activity and related activities – whether such claims, demands, and/or causes of action result from the negligent act(s) or omission(s) of Swarthmore College.

I further agree and acknowledge that I understand, assume and accept all possible risks arising out of, associated with, or relating to my participating in the Activity and related activities, even though such risks may have been caused by the negligence of Swarthmore College or its representatives. These risks may include, but are not limited to, property damage, mental and emotional anguish, physical injury (including bodily injury and death), and may result in/from and include, but are not limited to, broken bones and tissue damage, physical contact/conflict with other participants, outdoor exposure/effects of weather conditions, transporting participants, traversing to/from/around the Activity location, food consumption.

I also agree to be solely responsible for any injury, loss, or damage which I might sustain while participating in the Activity, even though such injury, loss, or damage may have been caused by the negligence of Swarthmore College or its representatives.

General Terms: The signor may execute this RELEASE & PROMISE NOT TO SUE using an electronic signature, and the signor waives any legal requirement that this document be embodied, stored or reproduced in tangible media, and agrees that an electronic reproduction shall have the same legal force and effect as a signed original.

This document shall be enforceable to the fullest extent of the law, and if any provision is declared by a court of competent jurisdiction to be illegal, void, or unenforceable, the remaining provisions shall continue to be valid and enforceable.

Acknowledgement: I acknowledge:
- that I have read and understand this RELEASE & PROMISE NOT TO SUE, and that it is legally binding upon myself and my heirs, executors, administrators, and representatives in the event of my death or incapacity.
- that I am legally authorized and competent to sign this document. I am at least 18 years old, and I have voluntarily executed this RELEASE & PROMISE NOT TO SUE. 
- (If applicable) that I am the parent or legal guardian of the participant-child(ren) listed above, and I voluntarily give my consent for my child(ren) to participate in this Activity.

Your Signature __________________________ Date __________________________
Print Your Full Name __________________________
Address __________________________

10/2016 OOC