

# 2019 Purdue Women's Basketball Camp

## INDIVIDUAL CAMPS

### 2019 Dates

#### July 27

Elite Camp

#### June 14-16

Player Fund. Development

#### June 14-15

Junior Skills Camp

### CAMP FEATURES

- ◆ State of the art facilities, includes air conditioning
- ◆ Expert instruction
- ◆ Individual attention
- ◆ Purdue Women's Basketball players and coaches available
- ◆ Athletic trainers on duty at all times

#### ELITE (Grades 8-12)

#### July 27

- ◆ 9 AM to 5PM with lunch provided
- ◆ Designed for outstanding and highly competitive high school players
- ◆ Open to all entrants per NCAA
- ◆ Individual position and intense college drills with focus and attention from Purdue Coaching Staff
- ◆ Lectures on NCAA Rules, strength, conditioning and academics

#### PLAYER FUND. DEVELOPMENT

#### (Grades 6-12) June 14-16

- ◆ Overnight, t-shirts and awards provided
- ◆ Repetition on fundamentals
- ◆ 9 a.m. to 9 p.m. daily
- ◆ Constant feedback

#### JUNIOR SKILLS (Grades 1-6)

#### June 14-15

- ◆ Day camp geared to younger players
- ◆ Emphasis on fundamentals
- ◆ 9 a.m. to 4 p.m. with lunch provided

### REGISTRATION INFORMATION

Register online at [www.purduewomensbasketballcamps.com](http://www.purduewomensbasketballcamps.com) or complete the application. Payment in full is due on or before registration closes. Please send check made to Sharon Versyp's Basketball Camp LLC and completed applications to:

**Purdue Women's Basketball**  
**900 John R. Wooden Dr, Room 2240**  
**West Lafayette, IN 47907-2070**

Online registration deadlines are 5 days prior to the camp start date. Online registrations are subject to an administration processing fee.

#### REGISTRATION/CONCLUSION TIMES

|                                | Registration | Concludes  |
|--------------------------------|--------------|------------|
| <b>JULY 27</b>                 | July 27      | July 27    |
| <b>ELITE CAMP</b>              | 9 a.m.       | 5 p.m.     |
| <b>JUNE 14-16</b>              | June 14      | June 16    |
| <b>PLAYER DEVELOPMENT CAMP</b> | 12-1 p.m.    | 11:30 a.m. |
| <b>JUNE 14-15</b>              | June 14      | June 15    |
| <b>JUNIOR SKILLS CAMP</b>      | 8-9 a.m.     | 4 p.m.     |

# 2019 Purdue Women's Basketball Camp

## INDIVIDUAL CAMPS

**ELITE CAMP**

**July 27**

**Day Camp/Grades 8-12**

**\$65 Lunch provided**

**PLAYER FUND. DEVELOPMENT JUNE 14-16**

**Overnight/Grades 6-12**

**\$300 Commuter, \$340 Residential, includes air conditioned rooms**

**JUNIOR SKILLS CAMP JUNE 14-15 \$150**

**Day Camp/Grades 1-6**

Purdue Women's Basketball Camp Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Parent or Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age: \_\_\_\_\_ Grade (as of June 2019): \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Roomate Name: \_\_\_\_\_

Printed Name of Parent or Guardian (Required)

### CONTACT INFORMATION

Terry Kix

Phone: 765-494-7949

Cell: 765-413-3804

E-mail: tkix@purdue.edu

### Medical Treatment Authorization Form

Participant's name \_\_\_\_\_

Date of Camp \_\_\_\_\_ DOB \_\_\_\_\_

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary): \_\_\_\_\_

2. List any medications currently taking: \_\_\_\_\_

3. List any allergies: \_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Policy Numbers \_\_\_\_\_

### PARENTAL AUTHORIZATION

Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years) Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Arnett IU Health and Franciscan Health medical personnel agents and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations warranties, or guarantees can be made with respect to any medical care or treatment provided. I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child. Further, I hereby grant permission for my child:

Minor's Name \_\_\_\_\_ Date \_\_\_\_\_

To attend the 2019 Purdue Women's Basketball Camp by signing below:

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_