

# 2020 Purdue Women's Basketball Camp

## INDIVIDUAL CAMPS

### 2020 Dates

#### July 26

Elite Camp

#### June 19-21

Player Fund. Development

#### June 19-20

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 26

- ◆ 1 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 19-21

- ◆ 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 19-20

- ◆ 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 26</b>	July 26	July 26
<b>ELITE CAMP</b>	1 p.m.	5 p.m.
<b>JUNE 19-21</b>	June 19	June 21
<b>PLAYER DEVELOPMENT CAMP</b>	12-1 p.m.	11:30 a.m.
<b>JUNE 19-20</b>	June 19	June 20
<b>JUNIOR SKILLS CAMP</b>	8-9 a.m.	4 p.m.

# 2020 Purdue Women's Basketball Camp

## INDIVIDUAL CAMPS

**ELITE CAMP**

**July 26**

**Day Camp/Grades 8-12**

**\$65**

**PLAYER FUND. DEVELOPMENT JUNE 19-21**

**Overnight/Grades 6-12**

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

**JUNIOR SKILLS CAMP**

**JUNE 19-20**

**\$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 2020): \_\_\_\_\_

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 2020 Purdue Women's Basketball Camp by signing below:

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