

2020 Purdue Women's Basketball Camp

TEAM CAMP

2020 Dates

Team Camp - June 26-28

CAMP FEATURES

- ◆ Coaches Social Friday Night
- ◆ All-Star Game & Fun Saturday Night
- ◆ Special Non-Basketball Activity for all participants
- ◆ All Air-Conditioned Rooms

TEAM CAMP

June **26-28**

- Teams broken down into different divisions based on skill level: (JV, Varsity, Upper Varsity)
- Certified officials
- Guaranteed 6 games, plus special situations
- Crossover Game on Sunday to determine finish and Camp Champions
- Overnight Camp
- Purdue staff present for all games

REGISTRATION INFORMATION

Register online at www.purduewomensbasketballcamps.com or complete the application. Payment in full is due on or before registration closes. Please send check, made payable 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
June 26 11 a.m.-12:30 p.m.	June 28 TBD

[WWW.PURDUEWOMENSBASKETBALLCAMPS.COM](http://www.purduewomensbasketballcamps.com)

2020 Purdue Women's Basketball Camp

TEAM CAMP

TEAM CAMP

JUNE 26-28

Overnight/ JV, Varsity

\$230 Commuter, \$290 Residential, includes air conditioned rooms

COACH REGISTRATION

Coach's Name: _____
Last First

Cell Phone: _____

Home Phone: _____

School: _____

19-20 Team Record: _____

School Size: _____

Total Number of Teams: _____

Level of participation:

Upper Varsity: _____ Varsity: _____

Junior Varsity: _____ Freshmen: _____

How many total players will be attending camp? _____

How many coaches will be attending? _____ Male _____ Female

For more information, contact Terry Kix, 765-494-7949, 765-413-3804 (cell), tkix@purdue.edu or go to camp website at

WWW.purduewomensbasketballcamps.com

Medical Treatment Authorization Form

Participant's name _____

DOB _____

Date of Camp _____

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

Evening phone

Name of Medical Insurance

Company 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