

2015 Purdue Women's Basketball Camp

TEAM CAMPS

2015 Dates

June 13

Team Shootout

June 26-28

Team Camp

TEAM SHOOTOUT CAMP

June 13

(JV, Varsity and AAU Teams)

- ◆ All day event, 9 a.m. to 5 p.m.
- ◆ Teams broken down by divisions
- ◆ Certified officials
- ◆ Championship Team

TEAM CAMP

June 26-28

(JV, Varsity)

CAMP FEATURES

- ◆ State of the art facilities, includes air conditioning
- ◆ Purdue women's basketball players and coaches
- ◆ Expert instruction
- ◆ Individual attention
- ◆ Athletic trainers on duty during camp hours

- ◆ Teams broken down by divisions according to skill level: JV, Lower Varsity, Upper Varsity
- ◆ Certified officials
- ◆ Guaranteed 6 games, plus special situations
- ◆ Overnight
- ◆ Purdue staff present for all games

REGISTRATION INFORMATION

Register online at www.purduesportcamps.com or complete the application. Payment in full is due on or before registration closes. Please send check and completed applications to:

**Sharon Versyp's Basketball Camp, LLC,
P.O. Box 2477
West Lafayette, IN 47906-2477**

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 13 TEAM SHOOTOUT	June 13 8 a.m.	June 13 5 p.m.
JUNE 26-28 TEAM CAMP	June 26 11 a.m.-12:30 p.m.	June 28 TBD

www.purduesportcamps.com

2015 Purdue Women's Basketball Camp

TEAM CAMPS

☐ **TEAM SHOOTOUT**

JUNE 13

Day Camp/JV, Varsity, AAU

\$400 per team

☐ **TEAM CAMP**

JUNE 26-28

Overnight/JV, Varsity

\$230 Commuter, \$285 Residential, includes air conditioned rooms

COACH REGISTRATION

Coach's Name _____
Last First

Cell Phone _____

Home Phone _____

School _____

School Team Record _____

School Size _____

Level of participation

☐ Upper Varsity

☐ Lower Varsity

☐ AAU

☐ Junior Varsity

☐ Freshmen

How many 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.purduesportcamps.com

2015 Purdue Women's Basketball Camp

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 St. Elizabeth Hospital 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 2015 Purdue Women's Basketball Camp by signing below:

Signature (Parent or Guardian) _____

Date _____