



Truman  
Women's Basketball



@TrumanStateWBB



WOMEN'S BASKETBALL  
**ELITE**  
SKILLS CAMP



@Truman\_WBB



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This camp is designed for high school players who want to be pushed by college coaches.

## Truman State University

Pershing Arena  
1300 S. Florence  
Kirksville, MO 63501

### CAMPERS WILL RECEIVE

Instruction from Women's Basketball Coaching Staff  
Campus Tour  
T-Shirt  
Lunch

## GIRLS

ENTERING GRADES 9-12 IN FALL 2025

**August 17th**

10:30AM - 5:00PM

Registration Begins at 10:00AM

*\*Walk-Ups Welcome\**

*\*If you register after July 1, we cannot guarantee that your shirt will be here for day of camp, but we will mail the shirt to you after camp\**

**\$90 per athlete**

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Please fill out the form below. Please mail completed forms, along with cash/check (payable to Truman State University Women's Basketball), to:  
Truman State University, ATTN: Women's Basketball, 100 E. Normal Avenue, Kirksville, MO 63501.  
Please call Coach Theo Dean at (660) 341-9611 or e-mail him at [tdean@truman.edu](mailto:tdean@truman.edu) with any questions.

Camper's Name(s): \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Grade Entering Fall 2024: \_\_\_\_\_

High School: \_\_\_\_\_ HS Coach's Name & Phone Number: \_\_\_\_\_

AAU Team: \_\_\_\_\_ AAU Coach's Name & Phone Number: \_\_\_\_\_

Height: \_\_\_\_\_ Basketball Position (1-5): \_\_\_\_\_ Have you been to camp before? [YES] [NO]

*Release Form: The named participant has my permission to participate in the Truman Women's Basketball Camp. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending certified athletic trainer, or any licensed health professional, to render any reasonable medical treatment to the participant, including (if necessary) hospitalization/surgery. Any expense arising from injury is the responsibility of the participant and/or parent/guardian, and I understand that medical costs and expenses will be the primary responsibility of the parent/guardian's medical coverage. I authorize my insurance company to pay benefits to Truman State University or any hospital/clinic. I, the undersigned parent and/or legal guardian of the named participant, do hereby consent to his/her participation in the camp. I, as the parent/guardian of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Truman Women's Basketball/Truman State University and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury/fatality to person or property which I or the participant may suffer, or for which the participant may be liable to any other person, related to their participation in the camp (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.*

Participant's Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If the participant is under the age of 18, the signature of a Parent/Legal Guardian is necessary.)*