



Truman
Women's Basketball



@TrumanStateWBB



WOMEN'S BASKETBALL

YOUTH SKILLS CAMP



@Truman_WBB



@Truman_WBB

This camp is designed for high school teams who want to compete against great competition.

Truman State University
Recreation Center
100 E. Normal
Kirksville, MO 63501

CAMPERS WILL RECEIVE

HALF DAY:
Camp T-Shirt

COMMUTER:
Camp T-Shirt, Lunch Everyday
& Pizza/Beach Party on the Last Day

RESIDENTIAL:
Camp T-Shirt, 3 Meals Everyday, Room in the Residence
Hall, Evening Events & Pizza/Beach Party on the Last Day

GIRLS

ENTERING GRADES 3-8 IN FALL 2025

June 9-12th

9:00AM - 12:00PM (Half Day)

9:00AM - 4:00PM (Commuter)

All 4 Days and 3 Nights (Residential)

Walk-Ups Welcome

Before May 1:

\$130 (Half Day) \$230 (Commuter) \$330 (Residential)

After May 1:

\$150 (Half Day) \$250 (Commuter) \$350 (Residential)

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

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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 with any questions.

Camper's Name(s): _____ Parent's Name(s): _____

Roommate Request (If Residential): _____ E-mail Address: _____

Grade Entering Fall 2024: _____ School: _____ Circle One: Half Day Commuter Residential

Home Address: _____

Phone Number: _____ Shirt Size: _____ (Please indicate if a YOUTH size is needed)

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 of Parent/Legal Guardian: _____ Date: _____

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