Thomas More Women’s Basketball Presents
2019 Summer Girls’ Basketball Camp
Led by National Champion Head Coach Jeff Hans and the Thomas More Saints

Session 1: July 15-18 $125 per athlete prior to June 15
Session 2: July 29-Aug 1 $150 per athlete after June 16
9:00 AM - 3:00 PM @ Connor Convocation Center
For girls that are going into grades 2-8

Every camper will receive a camp t-shirt and basketball

Registration and additional information:
Go online at www.thomasmore saints.com/camps to fill out registration, make payment, and sign medical release form. Or you can print out forms and register by mail with a check.
Make check payable to Thomas More Women’s Basketball and mail to Thomas More Women’s Basketball, c/o Jeff Hans
333 Thomas More Parkway, Crestview Hills, KY 41017
For questions, please contact Jeff Hans at (859) 344-3336 or hansj@thomasmore.edu or Laney Lewis at (859) 344-3446 or lewisd@thomasmore.edu
Thomas More Women’s Basketball
Camp Waiver Form

Camper Name: ____________________________ Age: __________

Address: ________________________________________________

________________________________________________________

School: __________________________________________________ Grade: (19-20)

Session 1: July 15-18 (9:00 AM-3:00 PM) Session 2: July 29-August 1 (9:00 AM-3:00 PM)

Shirt size (circle size): YS YM YL S M L XL

Parent’s Name: ____________________________________________

Email Address: ____________________________________________

Phone Number: ____________________________________________

Emergency Contact: ________________________________________

Emergency Contact Phone Number: __________________________

Participation Waiver

We, the undersigned, for ourselves, our heirs, and executors, waive, release and forever discharge Thomas More University and the TMU Women’s Basketball Camp, its staff, employees and representatives from all rights and claims for damages, injury or loss to person or property which may occur during participation in camp activities or while at camp. We certify that the applicant is in good physical health and has permission to participate in the TMU Basketball Camp and hereby authorize the employees and agents of said camp to act according to their best judgement in any situation requiring medical attention. All costs incurred are the responsibility of the parent/guardian. A copy of this authorization shall be considered as valid and effective as the original. By typing in your signature you certify that you have read and agreed to the above terms.

Parent/Guardian signature: __________________________________

Insurance company: _______________________________________

Policy number: ____________________________________________

List any medical condition(s) the staff should be aware of: