

15th Annual



MEN'S BASKETBALL CAMP

2018 CAMP DATES

July 9-13: *Skills Camp*
Boys Grades 5-9
9:00 am - 12:00 pm

July 9-13: *Competitive Edge Camp*
Boys Grades 5-9
1:00 pm - 4:00 pm

July 16-20: *Guard Camp*
Boys Grades 5-9
9:00 am - 12:00 pm

July 16-20: *Shooting Camp*
Boys Grades 5-9
1:00 pm - 4:00 pm

July 23-27: *Skills Camp*
Boys Grades 1-4
9:00 am - 11:30 am

Grade levels are for the 2018-2019 school year

Location: McKendree University Gymnasium



McKendree University
Men's Basketball



@McKbball



☆ Full Day Camp Option ☆

During the weeks of July 9-13 and July 16-20 we have an option for full day camps. The price of the full day camp is \$170. There is a one hour break in between camps, during which campers may stay in the gym and eat lunch. We have a camp store where campers can purchase lunch, or they can bring their own lunch. The lunch break is supervised by camp staff.

**Camp Director:
Chris Foster,
Head Men's
Basketball Coach**



Chris Foster enters his first season as the head men's basketball coach at McKendree University. He becomes the 25th head coach in McKendree men's basketball history. Foster is familiar with McKendree after spending the last four years as the head coach of GLVC foe Truman State University in Kirksville, Missouri. In those four seasons, Foster guided the Bulldogs to a 20-win season each time, earning 83 victories during that span. In each of his four seasons in Kirksville, Foster led Truman State to the GLVC Tournament. His 2017-18 squad earned a share of the GLVC West Division title with a 13-5 mark. The Bulldogs grabbed the No. 2 seed at the 2018 GLVC Tournament held in Edwardsville, Illinois, and reached the championship contest for the first time since becoming league members in 2013.

The camps provided aim to give players the individual instruction that is lacking in today's basketball development market. We are proud to offer full week camps, competitive prices, and excellent instruction. We look forward to seeing you this summer!

**If you have any questions,
please contact Coach Foster at
cgfoster@mckendree.edu**

★ Medals and basketballs will be awarded for excellent character, attitude, and performance.
★ All campers will receive a camp T-shirt. ★

SKILLS CAMP July 9-13, 23-27 Cost: \$85

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| Emphasis:
<ul style="list-style-type: none"> • Shooting • Ball handling • Passing | <ul style="list-style-type: none"> • Skills competitions • Teamwork and sportsmanship |
|---|---|

COMPETITIVE EDGE July 9-13 Cost: \$85

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|--|---|
| Emphasis:
<ul style="list-style-type: none"> • Shooting competitions • Dribbling competitions • Passing competitions | <ul style="list-style-type: none"> • Competitive games • Teamwork and sportsmanship |
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GUARD CAMP July 16-20 Cost: \$85

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|--|---|
| Emphasis:
<ul style="list-style-type: none"> • Ball handling • Passing • Leadership on court | <ul style="list-style-type: none"> • Recognizing situations • Skills competitions • Teamwork and sportsmanship |
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SHOOTING CAMP July 16-20 Cost: \$85

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| Emphasis:
<ul style="list-style-type: none"> • Proper shooting form <ul style="list-style-type: none"> - Hand position - Body balance - Follow through | <ul style="list-style-type: none"> • Individual shooting workouts • Shooting competitions • Teamwork and sportsmanship |
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We are now accepting online registration with credit card payment. Additional fee applies for online payment. Go to mbasketball.mckendreecamps.com and register today.

If you would prefer to register by mail, please fill out the camp enrollment form, detach and return with payment to:

**McKendree University
c/o Coach Chris Foster
701 College Road
Lebanon, IL 62254**

Make checks payable to McKendree University

CAMP ENROLLMENT FORM

Name _____
Address _____
Phone _____
Email _____

2018-2019 School Grade _____ Age _____

T-shirt Size (circle one):
Youth M Youth L Adult S Adult M
Adult L Adult XL Adult XXL

Check session(s) the camper wishes to attend:
 Skills Camp: July 9-13 (grades 5-9)
 Competitive Edge: July 9-13 (grades 5-9)
 Guard Camp: July 16-20 (grades 5-9)
 Shooting Camp: July 16-20 (grades 5-9)
 Skills Camp: July 23-27 (grades 1-4)

McKENDREE UNIVERSITY RELEASE AND WAIVER OF LIABILITY

I, _____ (Participant), hereby acknowledge that I have voluntarily elected to participate in the _____ (Event) to be held in and around the campus of McKendree University, from _____ (Date) to _____ (Date). In consideration for being permitted by McKendree University to participate in the Event or Activity, I hereby acknowledge and agree to the following.

Voluntary Participation: I acknowledge that my participation is elective and voluntary and that my participation is not required by the university.

Rules and Requirements: I acknowledge that the university has the right to terminate my participation in the Event/Activity if it is determined that my conduct is deemed contrary to the established rules and detrimental to the best interests of the group or university.

Release & Waiver of Liability: I, on behalf of myself, my personal representatives, heirs, executors, agents, and assigns, hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the university, its governing board, directors, officers, employees, agents, volunteers, and any students (hereinafter referred to as "Releases") for any and all liability. I further agree that Releases are not in any way responsible for any injury or damages of any kind that I may sustain as a result of my participation.

Personal Medical Considerations: I acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Event/Activity. I further acknowledge and understand that Releases may not have medical personnel at the location of the Event/Activity. In the event of any medical emergency, I do _____ do not _____ (initial one) authorize medical care that university personnel deem necessary.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR LEGAL GUARDIAN AS WELL AS MY OWN.

Signature of Participant Date

I certify that I have custody of Participant or am the legal guardian of Participant and that I have read this agreement and fully understand and agree to its terms.

Signature of Parent or Guardian Date