



# MILLSAPS BASKETBALL ELITE CAMP

## CAMP INFORMATION

### LADY MAJORS ELITE CAMP

**DATE:** Sunday September 15th

**Time:** 1 PM - 5 PM

**Cost:** \$50

**AGE:** Current High School Juniors & Seniors

The Millsaps Women's Basketball Elite Camp is designed for players who are looking to improve their skills and play at the collegiate level. Athletes will learn what it takes to become a collegiate player, both on and off the court. The day also features information session led by our admission's department. This will be for players & parents regarding the admission and financial aid process, as well as a campus tour of Millsaps College.

## CAMP SCHEDULE

|                   |   |
|-------------------|---|
| <b>12:45-1:00</b> | Check in                                      |
| <b>1:00-1:45</b>  | SKILL SESSION 1                               |
| <b>1:45-2:30</b>  | SKILL SESSION 2                               |
| <b>2:30-3:30</b>  | 3v3 / 5v5 GAMES                               |
| <b>3:30-5:00</b>  | Admissions Information Session<br>Campus Tour |

## Registration & More Information

[www.Millsapsbasketballcamps.com](http://www.Millsapsbasketballcamps.com)

**CONTACT** Justin LeBlanc  
Head Women's Basketball Coach

**PHONE** 985.637.6341

**EMAIL** [Justin.LeBlanc@Millsaps.edu](mailto:Justin.LeBlanc@Millsaps.edu)

**MAIL TO** Millsaps College  
Women's Basketball  
1701 N State Steet  
Jackson, MS 39210

**Make checks payable to:**  
Justin LeBlanc

## ELITE CAMP

### REGISTRATION / CONSENT

#### REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

GPA \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL# \_\_\_\_\_

HEIGHT \_\_\_\_\_ POSITION \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL# \_\_\_\_\_

SHIRT SIZE (Circle One)    S    M    L    XL    XXL

#### PARENT / GUARDIAN SECTION

I hereby release this camp, its employees, and the directors from any liability for accidents, medical or dental, or any other expenses incurred as a result of the accidents. By signing this form, I certify that my child has no injury or illness, which could jeopardize his well-being by participating in all activities of the Millsaps Elite Camp. I also authorize the camp directors to act for me according to their best judgment in an emergency requiring medical attention.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### MEDICAL INSURANCE INFORMATION

COMPANY \_\_\_\_\_

GROUP/POLICY # \_\_\_\_\_

PHYSICAL CONDITIONS \_\_\_\_\_

(i.e. allergies, special restrictions)