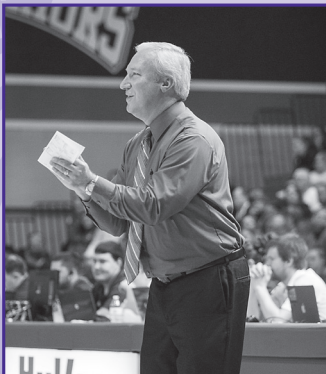


2018 WINONA STATE
WARRIOR ELITE
GIRL'S BASKETBALL CAMP



SCOTT BALLARD, Head Coach

"On behalf of the entire Winona State basketball family we want to welcome you to this year's Warrior Elite Camp. We are committed to helping you take your game to the next level."

Join us for camp in our newly renovated and air-conditioned McCown Gym.



Women's Basketball Camps
Winona State University
P.O. Box 5838
Winona, MN 55987

334650



2018 WINONA STATE
WARRIOR ELITE
GIRL'S BASKETBALL CAMP

JUNE 29, 2018

1:00 - 5:00 P.M.

FOR THOSE ENTERING 9TH-12TH GRADE
Including Graduated Seniors (Class Of 2018)



2018-2019

SCHEDULE

DATE	OPPONENT	DATE	OPPONENT
Nov. 10	St. Mary's (Exh)	Jan. 12	Augustana
Nov. 16	Quincy	Jan. 18	Crookton
Nov. 17	Truman	Jan. 19	Bemidji St
Nov. 23	Metro St	Jan. 25	Southwest
Nov. 24	CO Christian	Jan. 26	Sioux Falls
Dec. 1	Upper Iowa	Feb. 1	Duluth
Dec. 7	Augustana	Feb. 2	St. Cloud
Dec. 8	Wayne St	Feb. 8	Minot
Dec. 14	Mankato	Feb. 9	Mary
Dec. 15	Concordia	Feb. 15	Sioux Falls
Dec. 30	Upper Iowa	Feb. 16	Southwest
Jan. 4	Moorhead	Feb. 22	Mankato
Jan. 5	Northern St	Feb. 23	Concordia
Jan. 11	Wayne St	Feb. 17 - March 5	NSIC Tour

HOME = Purple AWAY = Black

FOR MORE INFORMATION CONTACT

Ana Wurtz

Email: awurtz@winona.edu

Ph: 920.517.7863

ABOUT THE CAMP

Intended for **MOTIVATED STUDENT-ATHLETES** who aspire to compete at the next level

HIGH LEVEL instruction from a coaching staff that is knowledgeable and experienced

Designed to **TEACH** and **FINE-TUNE** advanced fundamental skills

Compete with/against other **TOP PLAYERS** around the region

CAMP TUITION: \$50.00
(Includes Camp T-Shirt)



PLAY HARD
PLAY SMART
PLAY TOGETHER

REGISTRATION

Online:

winonastatewbbcamps.com

Checks Payable and Mail to:

Winona State University Women's Basketball
P.O. Box 5838, Winona MN 55987

Name _____
First MI Last

Camper's Birthday: _____

Grade Fall 2018: _____

T-Shirt Size: S M L XL XXL

How did you learn about the camp? _____

Address: _____

City/State/Zip: _____

Telephone: _____

Emergency Contact Name & #: _____

Parent's E-Mail: _____

Insurance Company: _____

Policy #: _____

I (We) understand and acknowledge the Winona State Basketball Camp, the State of Minnesota, and Winona State University are not responsible for any injuries or illness of my daughter existing prior to her participation in camp. I (We) hereby authorize the employees of the foregoing entities to act accordingly to their best judgment in a situation regarding medical attention, in an emergency or not, until such time as I (we) am (are) contacted to make decisions concerning treatments. I (We) understand that treatment of minor injuries, such as an ankle sprain, can be treated with conservative protocols such as ice and compression, but no medication will be administered to my (our) daughter without prior written or oral authorization from me (us) unless and emergency condition require otherwise. I (We), on behalf of myself (ourselves) and my (our) minor daughter, hereby release members associated with the Winona State University Basketball Camp. I (We) further agree to indemnify the above listed, and to hold the foregoing entities from any and all claims for injury or property damage which are caused by or are the result of actions or omissions of my (our) daughter.

I understand that if my child is diagnosed with a concussion or concussion-like symptoms at a Winona State University Athletic Camp, they will no longer be allowed to participate at camp. As a parent/legal guardian I must make arrangements to remove the child from camp as soon as I have been notified of my child's condition.

Please check box Initial _____ and Date _____

Signature _____

REGISTER ONLINE: winonastatewbbcamps.com