



PROUD MEMBER OF:



• FULL DAY OPTION •

During the weeks of July 8-12 and July 15-19 we have an option for full day camps. The price for the full day camp option is \$170.

There will be a one-hour break in between camp sessions during those weeks. Campers will stay in the MPCC lobby to eat under the supervision of camp counselors. During this time they can enjoy snacks/lunch items available for purchase from the camp concession store or they may bring their own lunch.



FOLLOW US ON SOCIAL MEDIA!



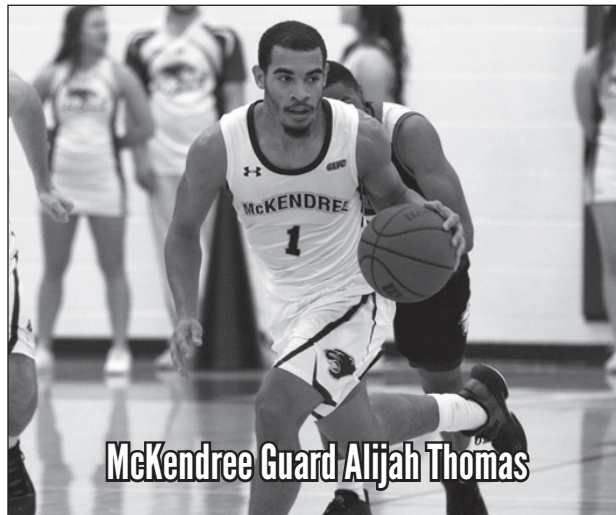
FACEBOOK (www.facebook.com)
McKendreeMensBasketball



TWITTER (www.twitter.com)
@mckbball



OFFICIAL WEBSITE
www.mckbearcats.com



McKendree Guard Alijah Thomas

• 16TH ANNUAL •



MEN'S BASKETBALL CAMP

2019 CAMP DATES

- July 8-12 -- **SKILLS CAMP**
Boys Entering Grades 5-9
Session 1 -- 9 a.m. to 12 noon
Session 2 -- 1 p.m. to 4 p.m.
- July 15-19 -- **COMPETITIVE EDGE CAMP**
Boys Entering Grades 5-9
Session 1 -- 9 a.m. to 12 noon
Session 2 -- 1 p.m. to 4 p.m.
- July 22-26 -- **YOUTH SKILLS CAMP**
Boys Entering Grades 1-4
Session 1 -- 9 a.m. to 11:30 a.m.

CAMP LOCATION:
Melvin Price Convocation Center,
Lebanon, IL

Register Online at:
<https://mbasketball.mckendreecamps.com>

CAMP DIRECTOR



CHRIS FOSTER Men's Basketball Coach McKendree University

Chris Foster completed his first season as the men's head basketball coach at McKendree University in 2018-19.

Foster was named as the 25th head coach in McKendree history back in March 2018 after spending four years as the head coach at another Great Lakes Valley Conference institution, Truman State University in Kirksville, Mo. Foster guided the Bulldogs to a 20-win season in each of those four seasons, earning 83 victories during that span. Truman State reached the GLVC Tournament in each of Foster's four years at the helm. His final Bulldog squad earned a share of the 2017-18 GLVC West Division title with a 13-5 mark in league play, and grabbed the No. 2 seed in the GLVC Tournament. Foster then led Truman State to the championship contest for the first time since becoming league members in 2013.

"The McKendree Basketball Camps 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 at McKendree!"

-- Coach Foster

If you have any questions,
please contact Camp Director Seth Jackson
at sajackson@mckendree.edu

Certificates and basketballs will be awarded
for excellent character, attitude and performance.
All campers will receive a camp t-shirt.

SKILLS CAMP (SESSION 1) - JULY 8-12 - COST - \$85

EMPHASIS --

- Skill Development
- Ball Handling
- Finishing Moves
- Footwork
- Shooting Technique
- Skills Competitions
- Daily Camp Contests

SKILLS CAMP (SESSION 2) - JULY 8-12 - COST - \$85

EMPHASIS --

- Skill Development
- Daily Camp Contests
- Team Competitions
- 5-on-5 Games

COMPETITIVE EDGE CAMP (SESSION 1) - JULY 15-19 - COST - \$85

EMPHASIS --

- Competition Strategy
- Individual Competition
- Team Competition
- 1-on-1 Competitions
- Daily Camp Contests

COMPETITIVE EDGE CAMP (SESSION 2) - JULY 15-19 - COST - \$85

EMPHASIS --

- Individual Competition
- Team Competition
- Daily Camp Contests
- Shooting Competitions
- 3-on-3 Games
- 5-on-5 Games

YOUTH SKILLS CAMP - JULY 22-26 - COST - \$85

EMPHASIS --

- Skill Development
- Ball Handling
- Shooting Technique
- Passing Techniques
- Defense
- Teamwork Development
- Daily Camp Contests
- 5-on-5 Games

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 Men's Basketball
701 College Road
Lebanon, IL 62254

Please make checks payable to: McKendree University

CAMP ENROLLMENT FORM

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

2019-2020 SCHOOL GRADE _____ AGE _____

T-SHIRT SIZE (CIRCLE ONE) --

YOUTH M YOUTH L ADULT S ADULT M
ADULT L YOUTH XL ADULT XXL

CHECK SESSION(S) THE CAMPER WISHES TO ATTEND --

_____ SKILLS CAMP (SESSION 1) -- JULY 8-12 (GRADES 5-9)

_____ SKILLS CAMP (SESSION 2) -- JULY 8-12 (GRADES 5-9)

_____ COMPETITIVE EDGE CAMP (SESSION 1) -- JULY 15-19 (GRADES 5-9)

_____ COMPETITIVE EDGE CAMP (SESSION 2) -- JULY 15-19 (GRADES 5-9)

_____ YOUTH SKILLS CAMP -- JULY 22-26 (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.

Person Medical Considerations: I acknowledge that I am responsible for the cost of any and all medical and health services that 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 (18) 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 _____