

CAMP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Grade: _____ Age: _____ Ht. _____

School: _____

Birthdate: _____

T-Shirt Size (circle one)

Youth: S M L

Adult: S M L XL

____ Full Day Camp: \$150

____ Half Day: \$75

Checks payable to MVP HOOPS, LLC

** Walk-ups will be accepted

** T-Shirts only to campers registered before July 14

** 1 T-Shirt per camper

** A fee charged if you cancel after July 14

** No refunds once camp starts July 28

**\$10 Discount if

Mail Applications To:

University of Mount Union Women's Basketball
1972 Clake Ave. Alliance, OH 44601

For Further information: Phone: (330) 823-4678

Email: venetsm@mountunion.edu

University Of Mount Union

Women's Basketball
1972 Clake Ave.
Alliance, OH 44601

2025 Purple Raider Girls Basketball Summer Camp



Day Camp
Girls Entering Grades 1-8
July 28-30

DAY CAMP

July 28-30

This camp is for girls entering grades 1st-8th. Each camper will receive a great deal of individual instruction. The goal of the camp is to develop the basic skills of basketball. Each day will include ball-handling, shooting, offensive and defensive stations, 3-on-3 games, 5-on-5 games, and numerous camp contests and awards. The camp will be fun and teach your child the fundamentals to become a better basketball player. Sessions will run daily from 9 am to 3 pm with an hour break for lunch. Campers should pack their own lunch.

Check in: July 28 at 8:30 a.m.

Awards: July 30 at 2:30 pm

What to Wear: Campers should bring a pair of basketball shoes, T-shirt, shorts and socks.

Lunch: Campers should pack their own lunch. Lunch break will be taken from 11:30-12:30 pm every day. Half Day Campers will be dismissed at 11:30 am.

CAMP DIRECTOR



Suzy Venet just finished her 20th season as head women's basketball coach at Mount Union and coaches with the same drive, desire and dedication she showed as a two-time Ohio Athletic Conference Player of the Year and All-American for the Purple Raiders.

Her teams have won four OAC Tournament titles, two OAC regular season titles with four trips to the NCAA Tournament including making it to the Sweet 16 in 2010 and 2012. Venet was named the OAC Coach of the Year in 2011 and 2012 and Great Lakes Region Coach of the Year by both the WBCA and D3Hoops.com in 2010 and 2012. Mount Union has won at least 20 games in five of the last eight seasons highlighted by a 2011-12 team that went 28-2, won a school-record 23 straight games, OAC regular season and tournament titles, advanced to the Sweet 16 of the NCAA and a No. 6 national ranking.

Before returning to Alliance, Venet spent a season as head coach at Manchester (Ind.) College, where she guided the Spartans to a seven-win improvement from the year prior to her arrival. Venet also spent time as an assistant coach at Bowling Green State University and Minnesota State University in Mankato, Minn.

Venet, who graduated from Mount Union in 1998 with degrees in sports medicine and physical education, also serves as senior women's administrator and resides in Alliance with her husband Bruce, daughter, Bailee and son Marty.

ONLINE REGISTRATION AVAILABLE
mountunionwomensbasketball.com

MEDICAL RELEASE/WAIVER

I certify that my child has permission to participate in the camp at University Mount Union. He has been examined by a doctor in the last year and has been cleared to play the sport. I have health insurance. In the event of an injury, I wish to be contacted before treatment. If I cannot be contacted and my child requires emergency treatment, I authorize University of Mount Union, the camp directors, or their agents to obtain reasonable emergency treatment. I absolve University of Mount Union, the camp directors, and their agents of any liability or judgments that are a result of my child's misconduct or negligence. I have read and understand this waiver.

Parent/Guardian: _____

Signature: _____

Date: _____

Day Phone: _____

Home Phone: _____

Cell Phone: _____

Insurance Co.: _____

Policy Number: _____

Secondary Emergency: _____

Contact Name: _____

Secondary Emergency: _____

Contact Phone: _____

Please advise of special health conditions
(Attach separate sheet)

