

**KINGSMEN BASKETBALL REGULAR CAMP  
BOY'S BASKETBALL SCHOOL-2022**

**For Boys in 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> Grade  
(2021-2022 School Year)**

**CAMP WILL RUN:** June 27th – June 30th  
Monday through Thursday

**TIME OF DAY:** Grades 1-3: 10:00am-11:30am daily  
Grades 4-8: 1pm – 3:15 pm daily

**LOCATION:** Grades 1-3 will be at Schmucker Middle School Gym.  
Grades 7-8 will be at Penn High School.  
Grades 4-6 will be at Schmucker Middle School Gym.

**COST:** Camp Fee is \$70 to be paid at registration. Make checks payable to Al Rhodes. Cash is also acceptable.

**CAMP DIRECTOR:** Al Rhodes

**ATTIRE:** Please come to camp in gym shorts, t-shirt, sweat socks and gym shoes.

**REGISTRATION:**

You can mail to: Al Rhodes, Penn High School, 56100 Bittersweet Road,  
Mishawaka, Indiana 46545

**OR:** Drop off completed registration with fee at the High School Athletic Office.

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**2022 KINGSMEN BASKETBALL REGULAR CAMP REGISTRATION FORM  
1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> Graders (2021-2022 School Year)**

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**CURRENT GRADE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**WAIVER:**

I hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation and the Kingsmen Basketball Camp, including its staff or volunteers, from liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this Kingsmen Basketball Camp.

If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during Kingsmen Basketball Camp.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Information:** In case a parent/guardian cannot be reached, please contact this person.

Name:	Phone Number:	Relationship to the Student:

