KINGSMEN BASKETBALL CAMP **DAY CAMP**

BOY'S BASKETBALL SCHOOL-2019 For Boys in 4TH, 5TH, 6th, 7th, or 8th Grade (2018-2019 School Year)

| CAMP WILI | L RUN: | June 10th-June 14th | h |
|--|--|--|--|
| TIME OF DA | AY: | 9am – 4pm Daily (I | unch provided) |
| LOCATION: 9am –Noon at Schmucker Middle School Gym. Noon – 4pm will be in Arena at Penn High School | | | |
| COST: | Camp Fee is \$120 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. | | | |
| 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. | | | |
| 2019 KINGSMEN BASKETBALL <u>DAY</u> CAMP REGISTRATION FORM 4 th , 5 th , 6 th , 7 th , or 8th Graders (2018-2019 School Year) | | | |
| NAME: | | | SCHOOL: |
| CURRENT GRA | ADE: | HOME PHONE: | |
| ADDRESS: | | | |
| WAIVER: I hereb School Corpora liability or clain during particip If my c medical attentio I am required te adequate health Basketball Cam Signature of Pa | y waive, releation and the lation and the lation in King hild would be on at the near o travel to the lation, hospitalizating. | Kingsmen Basketball Car of any loss, personal injusted smen Basketball Camp. ecome injured, I give perfect medical facility. I als emedical facility administion insurance to cover such the | rever discharge the Penn-Harris-Madison mp, including its staff or volunteers, from any ary, or property damage which may occur mission for my child to receive appropriate o understand that if my child should be injured tering care to pick up my child. I have ch injuries that may occur during Kingsmen |
| Emergency Info | ormation: In | case a parent/guardian c | annot be reached, please contact this person: |

Phone Number:

Relationship to the Student:

Name: