

KENMORE-GARFIELD BOYS BASKETBALL SUMMER CAMP 2019

Grades: 6-8

Dates: June 11th, 12th, and 13th

Registration: 9:00am

Time of Camp: 9:30am-12:00pm

Where: Kenmore-Garfield High School Main Gym

Both the registration form and camp fee are due by *Friday, June 7, 2019* in order to secure your child's spot in the basketball summer camp. Cost for camp is \$40 for each player. Checks can be made payable to: *Kenmore Athletic Booster Club*. Please mail this registration form along with payment to: *Kenmore-Garfield High School, 2140 13th St SW, Akron, OH 44314; Attention: Coach Hooten – Boys Basketball.* Each player will receive a t-shirt and basketball at the conclusion of the camp. Please circle t-shirt size for your camper at the bottom of this form. **Please list the grade your son will be in for fall 2019.** Thank you!

Name: _____ Grade: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Alternate #: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____

Father's Name: _____ or Legal Guardian Name: _____

Employment: _____ Work Number: _____

Mother's Name: _____ or Legal Guardian: _____

Employment: _____ Work Number: _____

In case of an emergency, notify: _____

Position _____ Right/Left-handed _____

Wear contacts: Yes _____ No _____ Asthma: Yes _____ No _____

Allergies? Yes _____ No _____ If so, please describe: _____

Fall Sport _____ Spring Sport _____

Nickname _____ Injuries: _____

Shirt Size: YS YM YL AS AM AL AXL (Please circle one)

**Questions regarding the camp, please contact Head Varsity Boys Basketball Coach:
Murray L. Hooten III - (330) 268-1465**

In granting permission for attendance and participation in this activity, I hereby expressly waive any claim for liability against Kenmore-Garfield High School, including its coaches, employees, and representatives, and release them from all liability in connection with this athletic camp. My son is physically able to participate in this sports camp. We/I have medical insurance for my son. I hereby authorize Kenmore-Garfield High School to send my child to a hospital for diagnosis or treatment if necessary.

Parent(s) Name: _____ Date: _____