

# Kilbourne Girls Basketball Camp



## K June 4-7 K

**Kids Camp** - Entering Grades 1 through 5 – 9:00 – 12:00 p.m., Monday – Thursday

**Middle School Camp** – Entering Grades 6 through 8 – 1:00 – 4:00 p.m. – Monday - Thursday

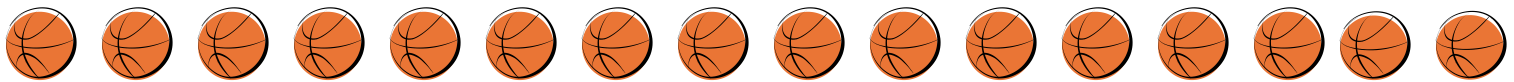
**Where:** Worthington Kilbourne High School Main Gymnasium

**Cost:** Early Bird Registration - \$70 (received by May 25) - \$80 after May 25 – Walkups Welcome!

**What:** A high-energy camp designed to develop and improve the fundamentals of the game. Players will be coached by the Worthington Kilbourne coaches and players.

Expect to participate in many fun and exciting drills and games- all aimed at skill development!

*Your camp fee will also include a t-shirt*



Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian? Name(s): \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Emergency Contact** (If different than above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**T-Shirt Size:** YS YM YL AS AM AL AXL (Youth and Adult sizes)

**Payment:** Cash or Check Payable to: **Wolves Girls Basketball** (Pups Club members receive \$5 add'l discount)

**Mail Registration to:** Worthington Kilbourne High School, Attn: Girls' Basketball, 1499 Hard Rd, Cols, 43235

**Hold Harmless:**

As the Parent and Legal Guardian of \_\_\_\_\_, I am aware of the risks associated with participation in the Worthington Girls Basketball Camp, and I accept responsibility for my student athlete as they I hereby assume all of the risks associated with participation and agree to hold the Worthington School District, it's employees, agents, representatives, coaches and volunteers harmless of any and all liability, action, causes of action, debts, claims or demands of any kind or nature whatsoever which may arise by or in connection with my child participating in any activities related to Worthington Girls Basketball Camp. These terms hereof shall serve as a release and assumption of risk for my children's heirs, estate, executor, administrator, assignees, and for all members of my children's family.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**More Information:** Contact Coach Jim Strode at 565-0243 or [strodej@ohiodominican.edu](mailto:strodej@ohiodominican.edu)