



## KINGS HIGH SCHOOL WOMEN'S BASKETBALL

Cordially Invites You to Our

# INAUGURAL SHOP N' DROP BASKETBALL CAMP

**Who:** All 2<sup>nd</sup> through 6<sup>th</sup> graders (BOYS & GIRLS) who want to keep their basketball skills sharp over the break!

**What:** Shop N' Drop Basketball Camp

**When:** Friday, December 21<sup>st</sup>  
6:00pm – 8:30pm

**Where:** Kings High School

**Why:** Great opportunity for parents to finish up any shopping before the holidays or enjoy a night out while the kids are in the gym! Come learn from some of the best while supporting your Lady Knights Basketball Program.

**Pricing:**  
1 Child- \$25

**Family Pricing:**  
2 Children - \$45  
3 Children - \$60  
4 Children & over - \$75

**Walk-ups are welcome for the event.** Plan to provide dinner or a snack for your camper before the camp starts. Cash payments are accepted as well as checks. Please make checks payable to KABC and turn in the attached form to Coach Haralamos.



Any Questions? Contact Coach Haralamos -  
kharalamos@kingslocal.net





## REGISTRATION FORM

*One Form Per Camper*

Camper's Name: \_\_\_\_\_

### Contact Information

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Phone (Other than parent): \_\_\_\_\_

Important Medical Information (Use back if needed):  
\_\_\_\_\_

Current Grade (School Year 2018-2019): \_\_\_\_\_

As additional consideration given for my son, daughter or ward ("Camper") to participate in a Kings Athletic Booster Club Camp ("Camp"), I, the undersigned, (a) verify that my Camper is physically fit to participate in the strenuous athletic activity at the Camp; (b) release the Kings Athletic Booster Club, Kings Local School District, individual sports camp and all operators members, coaches, trainers, contractors, employees, volunteers and sponsors (collectively, the "Camp Operations") from any and all claims, liability, causes of action, losses, and damages resulting from or arising out of injury, illness, or property damage or loss to my Camper related directly or indirectly to the Camp. I also authorize any representative of the Camp to act for me according to their best judgment in an emergency requiring medical attention for my Camper.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

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



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