

Mail tuition to: Kyle Keller  
P.O. Box 13037, SFA Station  
Nacogdoches, TX 75962-3037

Select One

Day Camp 1 June 18<sup>th</sup>-21<sup>st</sup>

Morning Session \$125 \_\_\_\_\_

Afternoon Session \$125 \_\_\_\_\_

Both Sessions \$225 \_\_\_\_\_

Overnight Camp June 24<sup>th</sup>-27<sup>th</sup>

Resident Camp \$400 \_\_\_\_\_

Non-Resident Camp \$325 \_\_\_\_\_

T-Shirt Size (Circle One) – Youth S... Youth M... Youth L... Adult S... Adult M... Adult L... Adult XL...

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_

Roommate Request (if applicable): \_\_\_\_\_ School \_\_\_\_\_

Medical Conditions/Special Instructions/Food Allergies/Please List All:

\_\_\_\_\_  
\_\_\_\_\_

**\*There will be a \$35 cancellation fee upon withdrawal from camp.**

Medical Waiver Parental Release

I (parent) \_\_\_\_\_ agree that (participant) \_\_\_\_\_ may participate in The Kyle Keller Basketball Camps at Stephen F. Austin State University. In consideration of participant in this event, I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless The Kyle Keller Camps, its agents servants, and employees from any and all claims, demands, right of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. **I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.** Also, I understand that all rules and regulations for the camp/event will be enforced and any violation by my child could result in a call to me with possible request to pick up my child with no refunds being given. This camp is owned and operated by Kyle Keller.

Signature of parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Name \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

PLEASE COMPLETE THE **CAMP REGISTRATION** FORM ON TOP OF PAGE

\*For more information and online registration, visit: [www.kylekellerbasketballcamps.com](http://www.kylekellerbasketballcamps.com)