

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

Select One

Day Camp 1 June 24th-27th

Morning Session \$125 _____

Afternoon Session \$125 _____

Both Sessions \$225 _____

Overnight Camp June 16th-19th

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