

Almaden Basketball Camp Registration Form

**LOCATION: Pioneer High School  
1290 Blossom Hill Road, San Jose**

**FEBRUARY 18-22**

Morning Session: 9 am to 12 noon  
Afternoon Session: 1 pm to 4pm  
All day session: 9am to 4pm (supervised lunch 12-1pm)

Cost: \$185 per session or \$295 all day session

\*\*\*LIMITED TO 50 PARTICIPANTS\*\*\*

For info: Ken Keiser (408-836-6774) or (408-927-5442) [Hoppekeiz@aol.com](mailto:Hoppekeiz@aol.com). Make checks payable to Ken Keiser/Coach. Send form and payment to:

Ken Keiser, P.O. Box 176, New Almaden, CA 95042.

Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ M/F: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_ cell \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Email (print clearly please): \_\_\_\_\_

Yrs. playing basketball: \_\_\_\_\_

All participants must be covered by their parent's or guardian's medical insurance. Parents/Guardians are responsible for evaluating the physical readiness of their child to participate by consulting a physician. By signing this form, parents/guardians acknowledge that these activities could be of strenuous nature and do pose some inherent risk of injury. As parent/guardian of this participant, I waive all claims of liability against Pioneer High School, the SJUSD, it's employees, and the coaches of this camp. If my son or daughter participates in this camp without proper equipment, they do so at their own risk.

I give approval for my son or daughter to participate. Signature of

parent/Guardian: \_\_\_\_\_ date \_\_\_\_\_