

Almaden Basketball Academy Camp Registration Form

LOCATION: Pioneer High School

1290 Blossom Hill Road, San Jose

___ June 26-June 30 ___ July 17-21

___ Morning 9-12 ___ Afternoon 1-4 ___ All Day 9-4

Morning Session: 9 am to 12 noon

Afternoon Session: 1 pm to 4pm

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

Cost: \$210 per half day session or \$325 all day session

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

For info: Ken Keiser (408-836-6774) or KenKeiser7@gmail.com. You can make payment by Pay Pal (use friends and family) at HOPPEKEIZ@AOL.COM email address and email completed form or 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, its 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 _____