

H.M. King
High School
Co-Ed Basketball

Summer Camp
For Athletes in
Grades 3 - 9

(as of Fall 2011)

June 20 - June 23

monday - thursday
9:00 aM - 12:00 PM - 3rd-5th
1:00 pm - 4:00 pm - 6th - 9th



KISD Athletic Department
Athletic Director: Robert Wilcox

Brahma Basketball Camp Insurance Waiver Form

I give consent for my child to participate in the H.M. King High School Summer Basketball Camp. I release Kingsville ISD, any administration, or employees from ANY liability resulting from injury suffered by my child. My signature acknowledges that I understand private insurance will cover any charges incurred for medical treatment.

Please Bring this form & payment to H.M. King High School Athletic Department.

Phone: 361-592-6401

Date _____

Student's Name (print) _____

Parent/Guardian Signature _____

H.M. King High School Athletic Dept.



Who can participate?

The camp is for any male athlete who will be enrolled in grades 3rd-9th during the school year.

When does the camp take place?

The camp will be held for 4 days from June 20th through June 23rd. Athletes will meet each day from 9:00 AM—12:00 pm for the 3rd—5th & 1:00 PM— 4:00 PM for 6th—9th. Camp will be held in the H.M. King High School Gym.

Who are the instructors?

The camp is conducted by Head Boys Basketball Coach, Karron Taylor & Head Girls Basketball Coach Mark Belford

What is the cost of the program?

The cost for participating in the program is **\$25**. Please make checks payable to:

H.M. King High School
Attn.: Athletic Department
2210 S. Brahma Blvd.
Kingsville, TX 78363

H.M. King Co-Ed Basketball Camp

The purpose of the Basketball Camp is to enhance and improve upon the basketball Fundamental skills of each athlete.

The camp will focus on key methods that include:

- Offensive Fundamentals
- Defensive Fundamentals
- Individual Competition
- Team Play: Passing, Shooting, Ball Handling, Stance, Footwork, Position, Rebounding, Free Throws, Speed Lay-ups, Hot Shot, Knock-out (5 on 5) (4 on 4)



GET BETTER EVERYDAY!

Registration

Name: _____

Address: _____

Home Phone: _____

GRADE: _____

Father: _____

Contact #: _____

Mother: _____

Contact #: _____

Emergency Contact: _____

Emergency #: _____

Camp Participants **MUST** have the following turned in and filed with the Camp Coordinators **BEFORE** the athlete can participate:

1. This Registration Form
2. Insurance Waiver Form (on back)
3. Payment