



BUCCANEER BASKETBALL CAMP

JOIN KINGSTON HEAD BOYS BASKETBALL COACH BLAKE CONLEY AND HIS STAFF IN THE 3RD ANNUAL BUCCANEER BASKETBALL CAMP. ALL HIGH SCHOOL STUDENTS ENTERING 9TH – 12TH GRADE IN THE 2011-2012 SCHOOL YEAR ARE ENCOURAGED TO ATTEND. THIS CAMP FOCUSES ON TEACHING FUNDAMENTALS AND HELPS PLAYERS DEVELOP THEIR INTENSITY, WORK ETHIC, AND SKILLS. EACH PLAYER WILL RECEIVE HANDS ON TEACHING OF FUNDAMENTAL SKILLS AND WILL START TO LAY THE FOUNDATION OF EXCELLENCE AND HARD WORK AT KINGSTON HIGH SCHOOL. INDIVIDUAL INSTRUCTION WILL INCLUDE PASSING, SHOOTING FORM, BALL HANDLING, TEAM DEFENSE, TEAM OFFENSE, AND REBOUNDING. THERE WILL BE DAILY GAMES, COMPETITIONS, AND PRIZES. WE LOOK FORWARD TO SEEING YOU THERE FOR A FUN, INTENSE, AND AN EXCITING WEEK OF BASKETBALL. THIS IS A GREAT OPPORTUNITY FOR PLAYERS TO PREPARE FOR SUCCESS AS KINGSTON ATHLETES. GO BUCS!

WHERE: KINGSTON HIGH SCHOOL GYM

WHEN: JULY 5TH THROUGH JULY 7TH, 2011

TUESDAY - THURSDAY 4:00 PM TO 7:00 PM

**WHO: PLAYERS ENTERING 9TH THROUGH 12TH GRADE, FALL 2011:
\$60 (INCLUDES CAMP T-SHIRT)**

WEAR YOUR ATHLETIC SHOES, SHORTS, A T-SHIRT, AND SOCKS. PLEASE WEAR CLEAN CLOTHES DAILY. PARENTS WELCOME TO ATTEND.

*PLEASE MAKE CHECKS PAYABLE TO: “**KHS ASB**” AND MAIL TO: KINGSTON HIGH SCHOOL ATTN: LORI CAMP 26201 SIYAYA AVENUE NE KINGSTON, WA 98346

*PLEASE HAVE REGISTRATION TURNED IN BY: JUNE 30TH IF PLAYERS WANT T-SHIRT ON TIME.

CONTACT: BLAKE CONLEY (509) 990 9962

OR

EMAIL: BCONLEY@NKSCHOOLS.ORG

.....REGISTRATION FORM (PLEASE PRINT).....

Buccaneer Basketball Camp

Participant name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Birth date _____ Grade ('11-'12) _____ School _____

Shirt Size _____ (youth M, L, XL, or Adult S, M, L, XL)

Signing confirms that we are aware of the NKSD code of conduct which is applicable throughout attendance in the NKSD and not solely for the camp/sport season. For more information regarding the NKSD Code of Conduct for student-athletes you may request a copy in the athletic office or go to NKSD website.

Athlete Signature

Parent/Guardian Signature

Signing confirms that we have read and are aware of what concussions are, the signs and symptoms of a concussion, and what you should do if your student-athlete receives a concussion.

Student-athlete's signature _____ Date _____ Parent/Guardian signature _____ Date _____