



# BUCCANEER YOUTH

# BASKETBALL CAMP

JOIN KINGSTON BOYS BASKETBALL COACH BLAKE CONLEY AND HIS STAFF IN THE 2<sup>ND</sup> ANNUAL YOUTH BUCCANEER BASKETBALL CAMP. ALL SKILL LEVELS ARE ENCOURAGED TO PARTICIPATE AS THIS CAMP FOCUSES ON TEACHING FUNDAMENTALS AND HELPING PLAYERS DEVELOP THEIR INTENSITY, WORK ETHIC, AND BASKETBALL SKILLS. INDIVIDUAL INSTRUCTION WILL INCLUDE PASSING, SHOOTING FORM, BALL HANDLING, DEFENSE, AND REBOUNDING. THERE WILL BE DAILY GAMES, COMPETITIONS, AND PRIZES. WE LOOK FORWARD TO SEEING YOU THERE FOR A FUN, INTENSE, AND GREAT WEEK OF BASKETBALL. THIS IS AN EXCELLENT OPPORTUNITY FOR PLAYERS TO PREPARE FOR SUCCESS AND HAVE FUN AS FUTURE KINGSTON ATHLETES. GO BUCS!

**WHERE: KINGSTON HIGH SCHOOL GYM**

**WHEN: JULY 5<sup>TH</sup> THROUGH JULY 8<sup>TH</sup>**

**MONDAY – THURSDAY 2:00 PM TO 4:00 PM**

**WHO: PLAYERS ENTERING 3<sup>RD</sup> THROUGH 8<sup>TH</sup> GRADE, FALL 2010:**

**\$50 (INCLUDES CAMP T-SHIRT)**

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

\*PLEASE MAKE CHECKS PAYABLE TO: **KHS ASB** AND HAND IN TO THE KINGSTON HIGH SCHOOL ASB ACCOUNTING OFFICE **OR** MAIL TO: COACH BLAKE CONLEY 26201 SIYAYA AVENUE NE KINGSTON, WA 98346

\* PLEASE HAVE REGISTRATION TURNED IN BY: JULY 2<sup>ND</sup>

CONTACT: BLAKE CONLEY (509) 990 9962 EMAIL: BCONLEY@NKSCHOOLS.ORG

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

### Buccaneer Basketball Camp

Participant name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Birth date \_\_\_\_\_ Grade ('09-'10) \_\_\_\_\_ School \_\_\_\_\_  
 Shirt Size \_\_\_\_\_ (youth M, L, XL, or Adult S, M, L, XL)

All participants must sign the following release. Parents or guardians must sign waivers. I/We realizing no insurance coverage is provided for the participants, will assume financial responsibility for any cost relating to an accident or injury that might occur while participating in this camp. Furthermore, I will not hold the North Kitsap School District or any of its employees, volunteers, or anyone else responsible for any accident or injury that might occur.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_