

APPLICATION

2018 KENNY BROOKS BASKETBALL CAMPS

Camper's Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Email _____
Age (As of 6/1/18) _____ Date of Birth _____
Height _____ Weight _____
Grade (As of Fall 2018) _____ School _____
School Coach _____
AAU Team Name _____
AAU Coach _____
Roommate Preference (Team/Elite Camp Only) _____

Have you attended a Kenny Brooks Camp before? Yes No

2018 CAMPS

INDIVIDUAL

JUNE 18-21

☐ **COMMUTER**
(\$195)

TEAM

JUNE 22-24

☐ **RESIDENT**
ONE NIGHT
(\$220)

☐ **RESIDENT**
TWO NIGHTS
(\$280)

☐ **COMMUTER**
(\$165)

ELITE

JUNE 23-24

☐ **RESIDENT**
ONE NIGHT
(\$220)

☐ **COMMUTER**
TWO DAYS
(\$100)

☐ **SAT**
SUN **COMMUTER**
ONE DAY
(\$50)

T-SHIRT SIZE

(CHOOSE ONE)

☐ **YOUTH**
MEDIUM

☐ **YOUTH**
LARGE

☐ **SMALL**

☐ **MEDIUM**

☐ **LARGE**

☐ **XL**

☐ **XXL**

PAYMENT (ALL CAMPERS): A \$50 non-refundable deposit is required to guarantee registration. The balance is due at the start of camp or you may pre-pay the full amount to facilitate registration.

TEAM CAMP: The coach is responsible for sending application/deposits as a group.

Make all checks payable to Kenny Brooks

EMAIL brookscampsllc@gmail.com for more info!

KENNY BROOKS GIRLS TEAM CAMP
JUNE 22-24, 2018

THIS FORM MUST BE RETURNED WITH REGISTRATION FORMS

NAME _____

SCHOOL _____

PARENT/GUARDIAN WORK NUMBER (_____) _____

Make check payable to: ***KENNY BROOKS***

Your cancelled check will be your receipt.

Mail to: Brooks Camps, LLC
 Attn: Kenny Brooks
 PO Box 10366
 Blacksburg, VA. 24060

THIS PORTION MUST BE COMPLETED OR CAMPER WILL BE UNABLE TO PARTICIPATE

MEDICAL RELEASE FORM

HEALTH INSURANCE COMPANY _____

POLICYHOLDER'S NAME _____

POLICY NUMBER _____ IS THIS CHILD COVERED? _____

I represent that my daughter is physically able to perform in all activities conducted at the Kenny Brooks Basketball Camp and I hereby give my consent and approval for her to do so. I also give my permission for such medical procedures as may be necessary for this camper by Kenny Brooks Basketball Camp staff in the event of sickness or injury. I agree to hold harmless Kenny Brooks Basketball Camp, its employees or agents for any liability arising out of any good faith actions taken in seeking and obtaining medical care and treatment for the above named camper.

Parent/Guardian Signature