

KFS Kelly Jones Basketball Camp session 4 (entering grades 4th – 12th)

August 1-4th (Monday - Thursday) 5pm – 7pm

Participant Name _____

Age _____ **Grade** _____ **Birthdate** _____

Home phone # _____ **Parent Cell #** _____

Email: _____

T – Shirt Size if first camp this summer (sizes – Circle one)

YS YM YL S M L XL

(Registration and payment must be received 1 week prior to camp to receive a t-shirt)

I, _____ **(parent name)** have given permission for
_____ **(participant's name)** to participate in athletic camps
offered by Kenston Forest School. I agree that I will not hold Kenston Forest School legally nor
financially responsible for any injury that may occur or condition that may result from
participation in this camp.

Parent/Guardian signature _____

Date _____

Payment/Check for **\$50.00 payable** to KFS must accompany this registration form. Please submit form and payment to:

Kenston Forest School
ATTENTION: Joe Maione, Director of Athletics
75 Ridge Road
Blackstone, Virginia 23824