



39th Annual
SIMON KENTON BASKETBALL CAMP

DATES: June 14 -18, 2021

ELIGIBILITY: Any boy or girl entering grades 1–10 for the 2021-22 school year.

COST: The cost for camp is \$110 and includes the following:

- *Quality Fundamental Instruction
- *Individual and Team Competitions
- *Individual and Team Awards * Lunch
- *Guest Speakers *T-Shirt

LOCATION: Drop Off & Pickup From:

SK: 1st – 3rd & 8th – 10th Graders
SVA: 4th – 5th & 6th – 7th Graders

FAMILY DISCOUNT: Any family sending more than one child can do so at the rate of \$95 per family member.

REGISTRATION: The first day of camp is Monday, June 14th. Although walk-up registration will be accepted on June 14th (from 8:30am-9am), it is **preferred that you pre-register** in order to ensure your child’s spot in camp. Campers in 1st – 3rd & 8th – 10th grades will complete the walk-up registrations at SK. Campers in 4th – 5th & 6th – 7th grades will complete walk-up registrations at Summit View Academy. Pre-registration deadline is June 10, 2021. **Additional forms will be required on the first day of camp due to our district COVID safety guidelines! Pre-registered campers will receive an email with the necessary forms. Walk-up campers will fill out forms on June 14th!**

CAMP TIMES: Monday-Thursday, 9:00 am – 3:00 pm. Friday’s camp session will be from 9:00 am – 12:00 pm. Award presentations will take place from 12:00-12:30. Due to COVID safety guidelines our awards presentation will be for campers only this year. **Campers can be dropped off daily at 8:40 am at the appropriate gym (see above for gym locations).**

STAFF: Simon Kenton Basketball Coaching Staff, current and former players.

PLEASE CLIP AND RETURN TO:

SIMON KENTON 2021 BASKETBALL CAMP
SIMON KENTON H.S. 11132 MADISON PIKE, INDEPENDENCE, KY, 41051

NAME _____ GRADE (next school year) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NUMBER _____
 EMAIL ADDRESS _____
 *INSURANCE COMPANY _____ *POLICY # _____
 T-Shirt Size _____ YS YM YL AS AM AL XL XXL
 (Y indicates youth sizes: YS- 6-8, YM – 10-12, YL- 14-16)

We certify that the applicant is in good physical health and has permission to participate in the Simon Kenton High School Basketball Camp and hereby authorize the employees and agents of said camp to act according to their best judgment in any situation requiring medical attention. Student must have a current health insurance policy with adequate medical coverage. Students without insurance must purchase the plan offered through the school before they will be permitted to participate. All cost incurred as the result of an injury are the responsibility of the parent/guardian.

Parent/Guardian Signature _____

ALL REGISTRATIONS MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO: Simon Kenton Basketball



**CONSENT TO PARTICIPATE IN SCHOOL SPORT ACTIVITIES
AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact.

Kentucky High School Athletic Association (KHSAA) and the Kenton County School District have put in place preventative measures to reduce and minimize the potential exposure of athletes to COVID-19 while participating in sports training and contests. The District cannot guarantee that a student athlete will not be exposed to COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child (or I, if 18 or older) may be exposed to or infected by COVID-19 by participating in student athletic activities and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 by reason of my child or my participation in school athletic activities may result from the actions, omissions, or negligence of me, my child, other student participants, school staff, volunteers or others at or around me or my child during the athletic activities. Athletic activities include, but are not limited to, team training (physical, as well as meetings), contests, dressing, and showers.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or me (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my or my child's participation in school athletic activities. I hereby release, covenant not to sue, discharge, and hold harmless the Kenton County School District, its Board members, and its employees, staff, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Kenton County School District, its Board members, its employees, staff, agents and representatives, whether a COVID-19 infection occurs before, during, or after my child's or my participation in school athletic activities. Lastly, I acknowledge by signing this waiver that my child may be tested for COVID-19 should the district implement a testing model for students and/or student athletes.

PRINT STUDENT ATHLETE NAME

PARENT SIGNATURE

DATE

STUDENT SIGNATURE, IF 18 OR OLDER

DATE