



44th Annual
SIMON KENTON BASKETBALL CAMP

DATES: May 27 - May 30, 2025

ELIGIBILITY: Any boy or girl entering grades 1–10 for the 2025-26 school year.

LOCATION: Drop Off & Pickup From:

SK: 1st – 3rd & 8th – 10th Graders

SVA: 4th – 5th & 6th – 7th Graders

COST: The cost for camp is \$120 and includes the following:

**Quality Fundamental Instruction*

**Individual and Team Competitions*

**Individual and Team Awards *Lunch*

**T-Shirt*

FAMILY DISCOUNT: Any family sending more than one child can do so at the rate of \$105 per family member.

REGISTRATION: The first day of camp is Tuesday, May 27th. Although walk-up registration will be accepted on May 27th (from 8am-9am), it is **preferred** that you **pre-register** in order to ensure your child's spot in camp. **Pre-registration deadline is May 21, 2025.**

CAMP TIMES: Tuesday-Friday, 9:00 am – 3:00 pm, there will be open gym time for individual improvement starting at 8:00 am daily. **Friday's camp session will be from 9:00-2:30. Award presentations will take place from 2:30-3:00 at SK. Kids will take the bus from SVA back to SK on Friday for the award presentation.**

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

PLEASE CLIP AND RETURN TO:

SIMON KENTON 2025 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)

Parental Consent: My Child _____ is physically/mentally fit to participate in basketball camp. 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 liabilities, claims, actions, damages, costs or expenses incurred during camp participation. I consent to allow my child to receive medical treatment that may be deemed advisable in the event of injury, accident or illness.

Parent/Guardian Signature _____

ALL REGISTRATIONS MUST BE ACCOMPANIED BY A CHECK/ MONEY ORDER MADE PAYABLE TO:
SK Sideliners