



KELLER GIRLS BASKETBALL (KGB) CAMP



2025-2026 REGIONAL QUARTERFINALS CHAMPIONS

2022-2023 REGIONAL QUARTERFINAL CHAMPIONS

2020-2021-DISTRICT CHAMPIONS

2020-2021 REGIONAL QUARTERFINAL CHAMPIONS

STATE PLAYOFFS 2010-2026

June 2nd - June 4th 2025, Keller High School Gym

Entering Grades: 1-4: 8:00-10:30

Entering Grades: 5-7: 10:30-1:00

Entering Grades: 8-9: 1:00-3:30

Skills/Open Gym for HS 2:30-3:30 to include 9th graders

T-Shirt Size (Adult Sizes) S _____ M _____ L _____ XL _____ (Youth Sizes): M _____ L _____

Improve basic, **FUND**amental basketball and skills

Learn about teamwork, sportsmanship, and personal character.

Get out of the heat & have some fun!

EQUIPMENT: Good attitude, tennis shoes, water (Concessions will be available)

COACHES: Experienced KGB coaching staff will conduct the camp and lead the players.

COST: \$125 (Pre-Paid Registration-before Sunday May 31st 12:00 AM)

ONLINE

<https://kellerisd.store.rankone.com/Camp/List>

\$135 (Walk-Up Registration) Checks (KGB Basketball Camp)/ Cash Accepted at the Door

ONLINE REGISTRATION



Athlete Name: _____ School _____

Parent(s) Name: _____ Grade (2024-2025) _____

Address: _____ City/Zip _____

Cell (____) _____ Email: _____

I hereby consent to having my child participate in the Keller Basketball Camp. I understand that there are physical risks involved in such participation, and that it is the responsibility of each participant to engage in only those activities for which he has the necessary participation and skills. I certify that my child is medically fit to participate in the camp and hereby authorize the camp coaches to act for me according to their best judgment in an emergency requiring medical attention for my child. I also understand that the Keller Basketball Camp does not carry accident or health insurance of any type. My child plays at his own risk if he is not covered by my accident or medical health insurance plan through private or group sources.

Signature of Parent/ Guardian: _____

Official Use Only: AMOUNT RECEIVED _____ CASH _____ CHECK NUMBER _____ DATE _____