

Chillicothe High School
Coach K's Boys Basketball Camp of Champions
2010-2011
Grades 2-8

Dear Parents,

This past season has developed another tradition of Cavalier Basketball pride. To continue building for the future of Cavalier Basketball we need to continue getting our young boys ready to meet the challenges ahead of them. Our facilities gives us the means to provide a great environment for learning the basic skills of basketball. Camp is open to all area schools.

Our coaching staff and high school players are looking forward to having the opportunity to teach your son during this years camp.

Sincerely,
Gary Kellough
Head Coach

Sessions:

Session 1: June 7,8,9,10 from 9am-12pm daily for grades 2,3,4,5 (present grade 09-10)

Session2: June 7,8,9,10 from 1pm-4pm daily for grades 6,7,8 (present grades 09-10)

Location: Chillicothe High School

Eligibility: All area schools. Grades 2-8 (school year 09-10)

Tuition: \$35:00 Includes: Camp T-shirts

Applications will be accepted until first day of camp. Please mail in early so t-shirts can be ordered ahead of time. Return applications along with payment by mail or bring to the first day of camp. **Make checks payable to: Gary H Kellough**

Mailing Addresses:

Gary H. Kellough
8040 State Route 772
Chillicothe,Ohio 45601
Tel: 775-4112

Chillicothe High School Basketball
"Camp of Champions"
For Grades 2nd -8th

Camp Application

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number(Home) _____ (Work) _____

T-Shirt Size: Youth Circle one: Small Med. Large _____

Circle one: Adult Small Med. Large XL XXL _____

Please Select Date:

_____ Session #1 Grades 2,3,4,5
9am-12pm daily June 7,8,9,10 (Present grade 2009-2010)

_____ Session #2 Grades 6,7,8
1pm-4pm daily June 7,8,9,10 (Present grade 2009-2010)

Camp Location: Chillicothe High School Gym, 381 Yoctangee Parkway

Discipline: Any violation of regulations, such as willful damage to school property, or other Behavior deemed detrimental to the group will result in immediate dismissal. There will be NO refund of tuition upon explosion.

I hereby authorize the directors of the Chillicothe High School Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release said directors. I know of no physical problems, which may affect my child's ability to safety participate at camp. I have read the rules and regulations to the camp and both the camper and I agree to abide by them.

He is covered by (name of insurance and policy number): _____

Parent/Guardian Signature: _____

Return camp app. By mail or day of camp. Make Checks payable to Gary Kellough
Or mail to Gary Kellough 8040 State Route 772, Chillicothe .OH 45601