

# City of Independence Annual Basketball Camp 2024

The purpose of this camp is to give each participant the opportunity to learn the fundamentals of the game and to play in a game situation. All campers are given an equal amount of time to learn the skills and to participate in the games. Campers grouped according to age and ability. Our staff hopes to instill a desire in you to work and strive to become a better basketball player, by exposing campers to enthusiastic instruction and good competition.

**Staff:** Jeff Stowers, Brenden Stowers of Simon Kenton High School  
Arron Cope of Independence Parks & Recreation Department

**Location:** Memorial Park Basketball Courts      **Camp Dates:** June 10-12

**Ages:** Boys & Girls 6-13      **Time:** 8-11:30 AM (drop off 7:30-8 AM)

\*Due to camp being held outside, if needed, inclement weather dates will be on Thursday and Friday.

**Cost (includes required sales tax):** \$58.30 (\$53 for each additional child in the same family)

Early Bird registration fee – before June 3rd is \$53, (\$47.70 for each additional child in same family)

**\*Checks made payable to: The City of Independence**

**Payment can also be made online at:**

**<https://city-of-independence-ky.square.site/product/basketball-camp/18>**



**Awards:** Awards will be given in each age group for the following: Knock-Out Champion, Free Throw Champion, Team Champs, and Camper of the Week. Daily awards will be given in each age group to the Camper of the Day. Each camper will receive a **BASKETBALL & WATER BOTTLE**, as well as daily instruction on the fundamentals of basketball.

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**City of Independence Basketball Camp 2024 Registration Form**  
**Fill in completely and return to: Parks and Recreation Department**  
**City of Independence, 5409 Madison Pike, Independence, KY 41051**  
**Or email to [acope@cityofindependence.org](mailto:acope@cityofindependence.org)**

Name \_\_\_\_\_ Male ( ) Female ( ) Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Participant Attends \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

## Medical Consent and Waiver

### Medical Consent Agreement

I hereby authorize the City of Independence, the basketball camp coaching staff, or their designate to treat the above participant for any injury or illness they sustain during camp. I authorize all necessary medical treatment and admission to any hospital designated by the coaching staff if advance care (x-rays, test, etc.) is required. It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or surgical procedures are necessary.

**Waiver** in consideration of my entry into this camp: I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waiver release and forever discharge all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of performance or failure of performance of the City of Independence staff, coaching staff for the camp, the school system, or others involved in this camp, and assigns of the parties mentioned above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from this camp. Participants agrees to abide by any rules the coaching staff may have.

**Participants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_