



CHRIST THE KING CHURCH & SCHOOL



BASKETBALL CAMP



**BOYS GRADES
4TH-6TH**

\$50 PER PLAYER

**JULY
28-31
5:30-7:30**

CASH OR CHECK PAYMENT
CAN BE DROPPED OFF WITH
REGISTRATION AT CHURCH
OFFICE OR PAYMENT VIA
TEXT GIVE TO 73256, TYPE IN
"CTKGIVE", THEN CHOOSE
THE SPORTS CAMP DROP
DOWN. ON MEMO LINE PUT
CHILD'S LAST NAME AND
CAMP TYPE.



**16700 PENNSYLVANIA,
SOUTHGATE**

**QUESTIONS:
EMAIL:
CHANCE@CTK.ME**



WWW.CTK.ME



CTK BASKETBALL CAMP

July 28-31, 2025; 5:30 pm - 7:30 pm

Boys - Grade 4th—6th

16700 Pennsylvania Rd., Southgate



Child's Full Name: _____

Grade just completed: _____ DOB: _____

Allergies/Medical Concerns? _____

Parent/Guardian Name: _____

Address: _____

Best Contact Phone #: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Siblings attending camp: _____

I agree to let my child's picture be used in publicity for Christ The King Lutheran Church - Yes/No (circle one please)

"By signing this form, I, as the parent/guardian of this registered child, acknowledge that participation in this youth basketball camp involves inherent risks, including but not limited to injury. I authorize my child to participate in all camp activities and authorize the camp staff to seek necessary emergency medical treatment in case of injury. I hereby release and hold harmless Christ The King Lutheran Church & School, its staff, and volunteers from any liability for injuries or damages that may occur during the camp, to the fullest extent permitted by law. I understand that I am responsible for any medical expenses incurred."

Parent/Guardian Signature

Date