

SPIDERS Hornsby Ku-Ring-Gai Basketball Association



JUNIOR HOOPS CAMP for Boys & Girls in school years 1&2 Monday 25th & Tuesday 26th September At the Brickpit from 9.15am to 10.45am

Name: Circle gender **M** **F** Year of Birth:

Circle year at school: **1** **2** School attending:

Street Address:

Suburb: Postcode:

Mobile: Home / Work:

Email:

Medical: *List any conditions coaches should be made aware of: i.e. allergies/medication required:*

Parent/Guardian Consent: *I approve of this enrolment and understand that the organisers will take all reasonable care to ensure the well being of my child/children during the course of the camp. I will not hold them responsible for any injuries that occur during the camp. I give my consent for any necessary medical treatment and agree to meet any and all expenses incurred. I authorise that any photographic or video images taken at the camp may be used for promotional use. I understand that if my child's behavior is inappropriate I may be asked to pick him/her up.*

Parent/Guardian's name (please print)

Signature: Date:

You can attend one or both days of the camp. One Day \$15, two days \$30

Tick camp days attending: Monday 25th September Tuesday 26th September

Payment enclosed by (please tick) Credit Card Cheque Money Order

Type of Credit Card (please tick) Mastercard Visa

Cardholder's Name:

Card Number:

Card Expiry: Month Year Amount paid: \$

NO CAMP SINGLET PROVIDED AT THIS CAMP

To enroll, send this clinic registration form together with payment (credit card details or cheque/money order) to:
Hornsby Ku-Ring-Gai Basketball Association, Postal: PO Box 397, Hornsby NSW 1630
Cashier hours are 5.00pm to 8.30pm weeknights at the Brickpit, 1A Dartford Road, Thornleigh
Phone 9980 6255 Facsimile 9980 6277 Email: info@hornsbyspiders.com.au Web: www.hornsbyspiders.com.au