

BROOKWOOD BASKETBALL ASSOCIATION
(MAILING ADDRESS) 12170 RICHER PIERREFONDS, QUEBEC H8Z 1K4

25TH ANNUAL

'2018' DEVELOPMENTAL & SKILLS CAMP - FOR GIRLS & BOYS
BORN , 2001, 2002 ,2003, 2004, 2005, 2006, 2007,2008,2009,2010,2011
"ELITE INSTRUCTION" WILL BE DESIGNED TO SUIT THE NEEDS OF THE PLAYERS

JULY 02-06 JULY 09-13 JULY 16-20 JULY 23-27 JULY 30-AUG 03

****PLEASE NOTE THAT THE 5TH WEEK IS ONLY AVAILABLE FOR THE 2018 CAMP****

9:00 A.M. - 3:00 P.M.*

"NB" DAYCARE AVAILABLE FOR CHILDREN (Born- 2011 to 2006) "NB"
7:30 AM to 9:00 AM AND 3:00 PM TO 6:00 PM - COST OF \$40.00 PER WEEK

REGISTRATION FEES

(PLUS DAYCARE \$40.00 PER WEEK IF REQUIRED)

First Child

100\$ PER WEEK - 195\$ FOR (2) WEEKS - 285\$ FOR (3) WEEKS - 370\$ FOR (4) WEEKS - 450\$ FOR 5 WEEKS

Second & Third Child (per child)

95\$ PER WEEK - 180\$ FOR (2) WEEKS - 260\$ FOR (3) WEEKS - 335\$ FOR (4) WEEKS- 400\$ FOR (5) WEEKS

CHEQUES PAYABLE TO : BROOKWOOD BASKETBALL SUMMER CAMP

AN ADMINISTRATION FEE WILL BE CHARGED FOR REFUNDS

\$50.00 FOR 1 WEEK AND AN ADDITIONAL \$25.00 PER ADDITIONAL WEEK PER CHILD
ALL REGISTRATION FEES ARE NON-REFUNDABLE AFTER JUNE 1, 2018
A \$25.00 FEE WILL BE CHARGED FOR RETURNED CHEQUES

PLAYER'S NAME _____ M / F

FAMILY NAME

FIRST NAME

ADDRESS _____

NUMBER

STREET

CITY

POSTAL CODE

DATE OF BIRTH _____ / _____ / _____ MEDICARE NUMBER _____

MONTH

DAY

YEAR

HOME PHONE _____ EMERGENCY PHONE _____ CELL _____

E-MAIL:

ALLERGIES _____ MEDICATION(S) _____ REASON _____

I, the undersigned authorize enrollment of my child to participate in strenuous athletic activity, and waive Brookwood Basketball, its staff, their officers and agents from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first session and all liabilities or causes of action arising out of or in connection with my child's participation in the camp. I also understand that any violations or fines that are a result of my child's delinquent behavior will be assigned to me personally.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

PRINT NAME

N.B. I DO NOT CONSENT TO HAVE MY CHILD'S PHOTO USED ON THE BROOKWOOD BASKETBALL WEBSITE (INT. _____)

FOR ADMINISTRATIVE USE ONLY

\$ AMOUNT _____ X _____ (CHILDREN) # OF WEEKS _____ CASH CHEQUE CHEQUE # _____ D