**Selkirk Saints Basketball Camp Registration Form**

**July 18-21, 2011 Cost: $145 *All camps are held in the Castlegar Campus Gymnasium***

Please check one of the following options:

Age 9-12 Girls Age 9-12 Boys both 10:00am-4:00pm, Castlegar Campus Gym

\***groupings will depend on number of registrations**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) Male:\_\_\_\_ Female:\_\_\_\_

Parent/Guardian First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Prov:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please use an address that is checked regularly)

Allergies/Medical Conditions: Emergency Contact and Telephone: Medical Number:

T-Shirt Size (please circle one): M L XL (youth sizes) S M L XL(adult sizes)

**Previous Basketball Experience**

Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last school team played on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if any)

Notable Achievements/Awards (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information:**

Visa\_\_\_\_ Mastercard\_\_\_\_ Check\_\_\_\_ Money Order\_\_\_\_ Payment Amount: $\_\_**145**\_\_

Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_

Please send your registration and payment(s) to: Or Fax to:

**Camp Info Line:**

250.509.0838

Athletics and Rec – Selkirk College **250.365.1206**

301 Frank Beinder Way

Castlegar, BC V1N 3J1 For all registration inquires phone 250.368.1991

**Registration Deadline is July 11, 2011 \*\*\*Limited Spaces Available\*\*\***

Please include a signed waiver with application form (next page).

Selkirk Saints Sports Camp Permission and Waiver Form



The Selkirk Saints Sports Camps and Selkirk College Athletic Program take pride in providing a safe environment for all athletes and summer camp students. All possible effort is made to provide equipment and facilities that are clean and in good working order. Activities, games, matches and exercises related to any program, athletic event or summer camp are designed to be appropriate and will include qualified and respectable personnel. The Selkirk Saints Sports Camps and Selkirk College Athletic Program recognize that with any athletic activity there is a certain level of risk and that some circumstances are unpredictable and impossible to control or foresee. Your signature at the bottom of this form will confirm that you have read and understood the following statements.

**Waiver Statement for Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Print Name

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Selkirk College and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury, including death or property damage that may be sustained or occur during participation in a Selkirk Saints Sports Camp or activities while at camp. I/We voluntarily assume full responsibility for any risk, loss, damage or personal injury, including death that may be sustained as a result of such activity.

I/We, the undersigned, give permission to Selkirk College to collect video footage, photographs and/or testimonials for promotional purposes. I/We understand that this media may be used for the purpose of public information and/or education and may appear in brochures, newspapers, exhibits or related Selkirk College publications.

Please initial here if you DO NOT give permission for your child to be included in video footage, photos and/or testimonials to be collected for promotion purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Relation Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Full Name of Parent/Guardian