## Selkirk Saints / Gonazaga Basketball Camp Registration Form

## October 22, 23, 2011 All camps are held in the Castlegar Campus Gymnasium

Please check one of the follow	wing options:			
Boys and Girls aged 11-14 (Oct. 22, 5:30-8:30pm)	Boys and 6 Oct. 23, 10	Girls aged 15- :00am – 2:00		
First Name:		Last Nam	e:	
Age: Date of B	sirth:/(c	dd/mm/yy)	Male:	_ Female:
Parent/Guardian First and Las	st Name:			_
Mailing Address:	City/P	Prov:		_ Postal Code
Home Phone:	Work Phone:_	Work Phone: Fax:		ax:
Email Address:		_ (please us	e an address	that is checked regularly)
Allergies/Medical Conditions:	Emergency Contac	t and Teleph	one:	Medical Number:
T-Shirt Size (please circle one	e): S M L XL(	adult sizes)		
Previous Basketball Ex	perience			
Brief description:				
Notable Achievements/Award	ls (if any):			
Payment Information:				
Visa MasterCard	_ Check Mo	ney Order	Payme	nt Amount: \$ <b>50</b>
Credit Card Number:		_ Expiry Da	te:/_	
Please send your registration	and payment(s) to:	Or Fax to:		Camp Info Line:
Athletics and Rec – Selkirk Co 301 Frank Beinder Way	ollege	250.365.12	206	250.509.0838

Registration Deadline is October 14, 2011 \*\*\*Limited Spaces Available\*\*\*
Please include a signed waiver with application form (next page).

Castlegar, BC V1N 3J1

Credit Card payments by phone 250.365-1292

**Waiver Statement for Camper:** 

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.

	Please Pri	int 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 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 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.						
testimonials for promotional purpos	es. I/We understand that the	collect video footage, photographs and/or this media may be used for the purpose of public ewspapers, exhibits or related Selkirk College				
Please initial here if you DO and/or testimonials to be co		your child to be included in video footage, photos oses.				
Parent/Guardian Signature	Relation	 Date				
Please Print Full Name of Parent/G	uardian					