Selkirk Saints Basketball Camp 2010 Registration

<u>August 30 – September 2 at Castlegar Campus Gymnasium</u>

Ages 10-13, \$129 10am - 4pm *lunch included	Ages 14-16, \$8 4pm – 6:30pm		Ages 17, \$89 7-9pm	
First Name:	Last Name:			
Age: Date of Bir	th:/(dd/mm/yy)	Male: Female:	
Parent/Guardian First and Last	Name:			
Mailing Address:	City/F	Prov:	Postal Code	
Home Phone:	Work Phone:_		Fax:	
Email Address:		_ (please use	an address that is checked regularly)	
Allergies/Medical Conditions:	Emergency Contac	ct and Telepho	ne: Medical Number:	
School Name:	Coa	ch:	Current Grade	
, ,	,			
T-Shirt Size (please circle one)	: S M L XL (add	ult sizes)		
Payment Information:	Ch a ala	Manayourd	la	
	_ Check	-		
Credit Card Number:		Expiry Date	Expiry Date:/	
Payment Amount: \$	(full paymen	t is due upon r	registration, no refunds after July 15)	
Please send your registration and payment(s) to:		Or Fax to:	Info Line:	
Community Education – Selkirk College 301 Frank Beinder Way		(250) 365-3	(250)365-1304	

For all registration inquires phone (250) 365-1208

Castlegar, BC V1N 3J1



Waiver Statement for Camper: __

The Selkirk College Athletics Program takes 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 College Athletics Program recognizes 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 Plint Name	
I/We, the undersigned, for ourselves, our hedischarge Selkirk College and it's staff, officiany and all liability, claims, demands, action loss, personal injury, including death or proselkirk Saints Summer Camp or activities volus, damage or personal injury, including of	cers, agents, employees, repr ns and causes of actions what perty damage that may be su while at camp. I/We voluntaril	resentatives, successors and assigns from atsoever arising out of or related to any ustained or occur during participation in a ly assume full responsibility for any risk,
I/We, the undersigned, give permission for vehicles with a certified driver.	my/our child to be transported	d to via Selkirk College vans and/or rental
I/We, the undersigned, give permission to stestimonials for promotional purposes. I/W information and/or education and may appendications.	e understand that this media	may be used for the purpose of public
Please initial here if you DO NOT gi and/or testimonials to be collected f	· ·	to be included in video footage, photos
Parent/Guardian Signature	Relation	Date
Please Print Full Name of Parent/Guardian		