## Selkirk Saints Basketball Camp 2010 Registration

(Please fill out the following):

Castlegar, BC V1N 3J1

Aug 30-Sep 2 * Ages 10-13	3	Aug 28-Sep 2 * Ag	jes 14-16
Castlegar Gym, 10am - 4p	om \$129	Castlegar Gym, 4	pm – 6:30pm \$89
First Name:		Last Name:	
Age: Date of Birth	n:/(do	d/mm/yy) Male:	Female:
Parent/Guardian First and Last N	lame:		_
Mailing Address:	City/Pr	ov:	Postal Code
Home Phone:	Work Phone:	F	ax:
Email Address:		(please use an addres	s that is checked regularly)
Allergies/Medical Conditions:	Emergency Contact	and Telephone:	Medical Number:
School Name:	Coac	h:	Current Grade
Playing career SNAPSHOT (opti	onal):		
T-Shirt Size (please circle one):	S M L XL (adult	sizes)	
Payment Information:			
Visa Mastercard	Check	Money Order	
Credit Card Number:		_ Expiry Date:/_	
Payment Amount: \$	(full payment	is due upon registration	, no refunds after July 15)
Please send your registration and payment(s) to:		Or Fax to: Info Line:	Info Line:
Community Education – Selkirk (	College	(250) 365-3929	(250)365-1304

Registration Deadline is August 13, 2010 \*\*\*Limited Spaces Available\*\*\*
Please include a signed waiver with application form (below).

For all registration inquires phone (250) 365-1208



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 Print Name	
I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, reledischarge Selkirk College and it's staff, officers, agents, employees, representatives, such any and all liability, claims, demands, actions and causes of actions whatsoever arising oloss, personal injury, including death or property damage that may be sustained or occur Selkirk Saints Summer Camp or activities while at camp. I/We voluntarily assume full resloss, damage or personal injury, including death that may be sustained as a result of such	cessors and assigns from out of or related to any during participation in a sponsibility for any risk,
I/We, the undersigned, give permission for my/our child to be transported to via Selkirk C vehicles with a certified driver.	ollege vans and/or rental
I/We, the undersigned, give permission to Selkirk College to collect video footage, photog testimonials for promotional purposes. I/We understand that this media may be used for information and/or education and may appear in brochures, newspapers, exhibits or relat publications.	the purpose of public
Please initial here if you DO NOT give permission for your child to be included in and/or testimonials to be collected for promotion purposes.	video footage, photos
Parent/Guardian Signature Relation Date	
Please Print Full Name of Parent/Guardian	