

**2013**

**FALL SKILLS CAMP**

**REGISTRATION FORM**

**CAMP DIVISION**

** INTRODUCTORY, Grade 2-5, Camp Fee $100.00**

** INTERMEDIATE, Grade 6-9, Camp Fee $100.00**

** HIGH SCHOOL, Grade 10-12, Camp Fee $100.00**

Make cheques payable to **Stony Plain Basketball.**

**Mail to Box 3139, Stony Plan, AB, T7Z 1Y4 or Drop off at Stony Plain Town Office upstairs.**

Camp Start date – Mid September, End date - Mid November

Watch website for details[**www.stonyplainbasketball.com**](http://www.stonyplainbasketball.com)

Player’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_ Grade in \_\_\_\_\_\_\_\_\_ Sex: F / M

School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this athlete carry and know how to administer his/her own medication? Yes/No/NA

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Other Conditions (braces, contacts lenses, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully and sign:**

The applicant agrees that Stony Plain Basketball or Stony Plain Baptist Church and / or any other individual connected with it will not be held responsible for any accidents or loss however caused and agrees to release the above mentioned organization / individuals from all claims or damages which may arise as a result or by means of such accident or loss.

Signature of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE FORM**

In consideration of this application for registration, I, intending to be legally bound, for myself, and my heirs, executors, and administration, waive and release any and all rights for damages that I sustained and suffered by me in connection with my association with or entry to this camp and which may arise out of my traveling to or from the camp. We are unaware of any illness or injury that would prevent full participation in this camp.

I also consent to the display of my child’s pictures on Stony Plain Basketball’s website.

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully and sign:**

The applicant agrees that Stony Plain Basketball or Stony Plain Baptist Church and / or any other individual connected with it will not be held responsible for any accidents or loss however caused and agrees to release the above mentioned organization / individuals from all claims or damages which may arise as a result or by means of such accident or loss.

Signature of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The applicant agrees that Stony Plain Basketball or Stony Plain Baptist Church and / or any other individual connected with it will not be held responsible for any accidents or loss however caused and agrees to release the above mentioned organization / individuals from all claims or damages which may arise as a result or by means of such accident or loss.

Signature of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_