



**2017
SPRING BASKETBALL
REGISTRATION FORM**



SKILLS CAMP DIVISION

- INTRODUCTORY, Grade 2-4 Camp, FULL JUNIOR, Grade 5-7 Camp, \$150.00
 SENIOR, Grade 8-9 Camp, \$150.00 ADVANCED, Grade 10-12 Camp, \$100

TEAMS

IMPORTANT NOTE: Teams fees due upon making a team. A separate \$50 jersey deposit cheque is required to accompany your team fees. Any players who make Stony Rockets teams are encouraged to attend the Spring Skills Camps for no extra charge.

- U13 Boys, born 04/05, Team Fee \$275.00 U13 Girls, born 04/05, Team Fee \$275.00
 U15 Boys, born 02/03, Team Fee \$275.00 U15 Girls, born 02/03, Team Fee \$275.00
 U17 Boys, born 99/00/01, Team Fee \$275 U17 Girls, born 99/00/01, Team Fee \$275.00

Two Methods of Payment

- PayPal on line at www.stonyplainbasketball.com OR Cheque

Make cheques out to **Stony Plain Basketball**. Mail to Box 3139, Stony Plan, AB, T7Z 1Y4
or Drop off at Stony Plain Town Office, Upstairs with Nicole Trehearne (cheque only – NO CASH)

Player's Full Name: _____

Age:_____, **Grade** _____, **Sex: F / M**, **School Attending**_____

Mailing Address:_____, **City/Town**_____, **Postal Code**_____

Phone: (_____)_____, **Cell** (_____)_____

E-Mail Address:_____

Date of Birth: mm/dd/yy/_____

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** (_____)_____

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 or my child or children in connection with my association with or entry to this basketball program and which may arise out of my traveling to or from the camps, practices or games associated with this basketball program. Also, we are unaware of any illness or injury that would prevent full participation in this basketball program.

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

Parent's/Legal Guardian's Name _____

Parent's/ Legal Guardian's Signature _____ Date:_____