

**2017 SUMMER CAMP (JULY 10-14)**  
**REGISTRATION & CONCESSION FORM**

This form is in a WORD format to help with easy registration. Simply Highlight and **BOLD** the appropriate items for your athlete. Type in **BOLD** the Athlete's Information and delete the solid line.

**CAMP DIVISION**

- INTRODUCTORY, Grade 2-4(12:30-3:30), Fee \$85.00     JUNIOR, Grade 4-6(8:30-3:30), Fee \$235.00  
 INTERMEDIATE, Grade 7-8(8:30-3:30), Fee \$235.00  
 ADVANCED, Grade 9-12(8:30-3:30), Camp Fee \$235.00

Two Methods of Payment

- PayPal on line at [www.stonyplainbasketball.com](http://www.stonyplainbasketball.com)    OR     Cash /Cheque  
Make cheques made 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 (no cash)

\$50.00 Non-refundable Registration Fee must accompany Registration form if mailed.  
Balance of Camp Fee due on first day of Camp, (e.g. \$50 reg. fee + \$185 camp fee = \$235.00).

**Complementary CAMP T-SHIRT**  
(Please circle appropriate size)

Adult men's size: S, M, L, XL, XXL  
Youth size: M, L

**Need to Purchase a Basketball? - \$10.00**  
(Please circle appropriate size)

Size 5 Ball – gr. 2-4.  
Size 6 Ball – all girls and only boys gr.5-7  
.Size 7 Ball – boys gr. 8 and up.  
**\*note – your child will need their own ball for the duration of the week**

**CAMP DVD**

Please add donation to total camp fees.  
For a \$10.00 donation to Operation Basketball Amigo I want a camp DVD.  
 YES     NO

**ATHLETE'S INFORMATION**

Player's Full Name: \_\_\_\_\_.

Age: \_\_\_\_\_, Grade going into \_\_\_\_\_, Gender: 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 (\_\_\_\_\_) \_\_\_\_\_.

<b>CONCESSION ORDER FORM</b> Please add concession to total camp fees.	
<b>Monday</b> <input type="checkbox"/> Hamburger Meal - \$5.00 <input type="checkbox"/> Hot Dog Meal—\$ 4.00 <input type="checkbox"/> Hamburger—\$4.00 <input type="checkbox"/> Hot Dog—\$2.50	<b>Tuesday</b> <input type="checkbox"/> Hamburger Meal - \$5.00 <input type="checkbox"/> Hot Dog Meal—\$ 4.00 <input type="checkbox"/> Hamburger—\$4.00 <input type="checkbox"/> Hot Dog—\$2.50
<b>Wednesday</b> <input type="checkbox"/> Hamburger Meal - \$5.00 <input type="checkbox"/> Hot Dog Meal—\$ 4.00 <input type="checkbox"/> Hamburger—\$4.00 <input type="checkbox"/> Hot Dog—\$2.50	<b>Thursday</b> <input type="checkbox"/> Hamburger Meal - \$5.00 <input type="checkbox"/> Hot Dog Meal—\$ 4.00 <input type="checkbox"/> Hamburger—\$4.00 <input type="checkbox"/> Hot Dog—\$2.50
<b>Friday</b> <input type="checkbox"/> Hamburger Meal - \$5.00 <input type="checkbox"/> Hot Dog Meal—\$ 4.00 <input type="checkbox"/> Hamburger—\$4.00 <input type="checkbox"/> Hot Dog—\$2.50	<input type="checkbox"/> No concession thanks!

NOTE: Hamburger meal listed above consists of: hamburger, chips & juice box or water. Hot Dog meal listed above consists of: hot dog, chips & juice box or water. In addition to the items listed above, the following items will also be available: Chips - \$1.00, Juice Box - \$1.00, Flavoured Water

**Calculating Tool** - Total amount included with this Registration form:

- Non-refundable Registration Fee \_\_\_\_\_.
- Camp Fee .....\_\_\_\_\_.
- Basketball.....\_\_\_\_\_.
- DVD donation .....\_\_\_\_\_.
- Concession total.....\_\_\_\_\_.
- TOTAL.....\_\_\_\_\_.

Please make cheques payable to, **Stony Plain Basketball.**

**RELEASE & WAIVER 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 my child’s pictures on Stony Plain Basketball’s website.

Parent’s/Legal Guardian’s Name \_\_\_\_\_,

Parent’s/ Legal Guardian’s Signature \_\_\_\_\_ Date: \_\_\_\_\_.