

**2018 SUMMER CAMP (JULY 9-13)
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 \$95.00 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 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

ALTHLETE'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 (_____) _____.

CONCESSION ORDER FORM Please add concession to total camp fees.	
Monday <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	Tuesday <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
Wednesday <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	Thursday <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
Friday <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: _____.