

WANNA BE A . . **Wizard??**

We play with:

integrity

Zeal

attitude

respect

dedication

Sportsmanship

Under the instruction of Coach Ken Kyliuk – Elite Level Coach and former Captain/Player with the University of Manitoba Bisons... ALL Winnipeg WIZARDS players will learn to be Exceptional Players on the court AND Leaders and Exceptional people off the court!

2010/11 Season: ID camp (BOYS 12 U, born 1998 or later)

Date: Thurs August 19, 2010

(One Night ONLY)—bring own basketball

Time: 6:30- 9:30pm (6:00 pm player registration)

*register in advance with form attached or questions:

managerkaren@mts.net

Location: CMU (Canadian Mennonite University)

Fee: \$10 ID camp fee (to cover gym fee)

Commitment: 2 practices per week

Will be looking to qualify for the Rising Star League and will decide with our families tournament entries (4-5/yr)

Player Registration:

Player Name:

Address:

Phone:

Email:

Date of Birth:

Emergency Contact:

Player Profile:

1) Basketball Experience:

of years have played: _____

Skill level: (circle one) intermediate, advanced

Club or team affiliation: _____

Position(s) played: _____

2) Why do you want to play for the Winnipeg

WIZARDS?: _____

3) Anything you or your parents would like to
communicate to Coach Ken:

4) Medical conditions/medications: (list) _____

Winnipeg WIZARDS Staff Use Only:

\$10 ID Camp fee enclosed: _____

Consent and Waiver attached: _____

Winnipeg WIZARDS ID Camp Consent and Waiver:

I _____ (parent or legal guardian) of _____ (player) give consent for my son to participate in the Winnipeg WIZARDS ID Camp.

I _____ (parent or legal guardian) recognize that participation in this ID camp may involve strenuous activity and provide permission for my son (as named above) to participate.

The Winnipeg WIZARDS are not liable for any injury or need for medical attention incurred as a result of participation in this ID camp. We will make every reasonable attempt to notify you, the parent /legal guardian, in a timely manner to report injury /medical attention required.

Parent /Legal Guardian ,Signed : _____
Parent/ Legal Guardian (Print Name): _____
Signed and Agreed Upon, This _____ of _____ 2010
(Day) (Month)

Witness: _____