RED RIVER REBELS BASKETBALL SKILLS CAMP REGISTRATION FORM

SELECT CAMP (All Prices Include GST)					
	Young Guns (Full Day)	Grades 9 and Under	Aug. 8th to 12th		9:00 AM - 4:00 PM
	Young Guns (Half Day)		9:00 AM - 12:00 PM		1:00 PM – 4:00 PM
	High School (Half Day)	Grades 10- 12 and Above	Aug. 28th to Sept. 1st		6:00 PM - 9:00 PM
Half Day Price $165			**Full Day Price** $255		

PLAYER INFORMATION		
First Name	**Last Name**	**Date of Birth (dd/mm/yy)**
Street Address	**City/Town**	**Postal Code**
Email	**Phone**	**T-Shirt Size (S/M/L/XL)**
Manitoba Health Number	**Personal Health Number**	**Male or Female**
Medical Conditions, Medication, or Other Concerns:		

EMERGENCY CONTACT INFORMATION	
Name and Phone (Contact #1)	**Name and Phone (Contact #2)**

My child has my/our permission to participate in the RRC Basketball Camp. I/We hereby forever waive and release the Board of Directors of Red River College, its coaches, and staff from any and all liability stemming from any injuries and/or illnesses or property damage incurred while participating in this camp. Medical costs accrued as a result of illness or injury will be the responsibility of the athletes or the athlete's parent/guardian. I/We state that to the best of our knowledge, the player listed above has no medical, physical, mental or emotional health condition that would hinder or prevent his participation.

Parent/Guardian Signature: _____ **Date:** _____

If paying by cheque this form must be mailed to:

Red River College
Accounts Receivable
C212 – 2055 Notre Dame Avenue
Winnipeg, MB R3H 0J9

If paying by credit card this form may be mailed to the above address or faxed to 632-6267.

PAYMENT AMOUNT: _____

CHEQUE: ☐ Cheque enclosed made payable to "Red River College"

CREDIT CARD: ☐ Visa ☐ Mastercard ☐ Amex

Card Number: _____

Expiry Date (mm/yy): _____ / _____

Cardholder Name: _____

Authorization Signature: _____

ACCOUNTING USE ONLY:

NARD CODE:	XHCMI	AMOUNT - GST INCLUDED IF APPLICABLE:	$ _____
PROJECT NUMBER:	532-12002-00		