

2012 Punjab Basketball Camp Registration Form

July 23-27, 2012

Need to Contact Us:
661-5984
rodney11@mymts.net

Player's Last Name: _____

Player's First Name: _____ Male Female

Date of Birth (mm/dd/year): _____

Telephone: _____

(Cell): _____

Email: _____

Parent's Names: _____

Address: _____

Postal Code: _____

Health Concerns: _____

WAIVER AND CONSENT

1. I hereby authorize emergency medical treatment for my son/my daughter/my ward if such treatment is needed during his/her participation in the Punjab Basketball Camp. I hereby release all persons involved in the organization of the Punjab Basketball Camp and all partners from any claims, actions, demands, or damages of any kind whatsoever that my son/my daughter/my ward regarding any loss, damage or injury sustained to him/her or his/her equipment before, during and after camp times.
2. I hereby declare this information to be true and correct,
3. I hereby give the Punjab Basketball Camp the right to photograph or videotape my child to use, publish, reproduce, or copy their image for promotional purposes.

Parent/Guardian signature required:

Date: _____

Print Name: _____

Signature: _____

Phone: _____

In case of an emergency please contact:

(You will receive a confirmation e-mail when the registration is received)

Fee is \$50 per child for the week. Make cheques payable to: **Rod Giesbrecht**

Mail Completed Registration Form & Fee to:

Punjab Basketball Camp
706 Madeline Street
Winnipeg, MB
R2C 2S6