



12 Week Off-Season Development and Conditioning Program 2010

Rep Players ONLY

May 31st to August 18th

Location: Oakville gyms TBD

Cost \$250

Please indicate the session interested in:

Sessions days	Monday & Wednesday sessions	Times	6:00 – 8:00 PM
	Tuesday & Thursday sessions		8:00 – 10:00 PM

Name _____ Last Name _____ Male Female

Address _____ City _____

Postal code _____ Date of Birth _____ / _____ / _____ (DD/MM/YYYY)

Mother's Name _____ Father's Name _____

Home Phone # _____ Alternate Phone # _____

E-mail Address _____ Basketball Experience _____

Medications _____ Allergies _____

I, the undersigned, hereby certify that I am the parent/guardian of _____ who is under 18 years of age. I hereby acknowledge that there is a risk of injury in any sporting activity and hereby agree that the Oakville Basketball Club Inc, their coaches, and executives shall not be liable for any injury, loss or damage to person or property resulting from participation in an Oakville Basketball program. If at any time emergency medical treatment is necessary for my child; I consent for treatment to be given.

Parent's Name _____ Signature _____

Mail form with cheque payable to: **Oakville Basketball**
2009 Wycroft Rd Unit B
Oakville, ON L6L 6J4

Withdrawal prior to the first session is subject to a \$25 administration fee. Please allow up to 8 weeks to process.
www.oakvillebasketball.com 905-469-1855 or 1-866-HOOPS-54

For Office Use Only

PMT _____

CN _____ CA _____ NOC _____

W/T _____ NOTES _____