



SUMMER MICROBALLERS 2010
Boys and Girls Ages 5-12

Weekly classes take place every Thursday 6-7 PM. Please indicate session

Microballer 1 & 2 (ages 5-7) Pre-Novice & Macroballer (ages 8-12)

Name _____ Last Name _____ Male Female

Address _____ City _____

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

Mother's Name _____ Father's Name _____

Home Phone _____ Cell Phone _____

E-mail _____ Basketball Experience _____

Medications _____

Allergies _____

Where did you hear about program _____

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 CLUB
2009 Wycroft Rd Unit B
Oakville, ON L6L 6J4

NO REFUNDS AFTER July 20, 2010
Withdrawal prior to the first session and returned cheques are 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