



**Winter 2010 Microballers**  
**Boys and Girls Ages 5-12**

**Thursdays, January 7 – March 11, 2010**

Please indicate your choice of location **and** session

**Pine Grove Public School** :  
 (Fourth Line & Speers Avenue)

**John Knox Christian School** :  
 (Ford Drive and Royal Windsor Drive)

- \$120 Microballer 1 (ages 5-6) 6:15-7:00 pm**     **\$120 Microballer 2 (ages 6-7) 6:00-6:45**  
 **\$120 Microballer 2 (ages 6-7) 7:00-7:45 pm**     **\$135 Pre-Novice (ages 7-8) 6:45-7:45 pm**  
 **\$135 Pre-Novice (ages 7-8) 7:45-8:45 pm**     **\$135 Macroballers (ages 9-12) 7:45-8:45 pm**

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 Address: \_\_\_\_\_ / Basketball Experience: \_\_\_\_\_

Medications: \_\_\_\_\_ / Allergies: \_\_\_\_\_

Where did you hear about our programs? \_\_\_\_\_

Is a member of your family interested in volunteering with Oakville Basketball Club?  YES  NO

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 Tsports 44, 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: \_\_\_\_\_

⌘ **Option 1:** Mail form with cheque payable to: **Oakville Basketball**  
**1011 Upper Middle Road East, Suite 1476**  
**Oakville, Ontario L6H 5Z9**

⌘ **Option 2:** Drop off form with cheque/cash at **REVOLUTION Health & Fitness** located in  
 Upper Oakville Shopping Centre, 1011 Upper Middle Rd. E. – Eighth Line/Upper Middle

**NO REFUNDS AFTER JANUARY 6, 2010**

Withdrawal prior to the first session and returned cheques are subject to a \$25 administration fee. Please allow up to 6 weeks to process.  
[www.oakvillebasketball.com](http://www.oakvillebasketball.com) 905-469-1855 or 1-866-HOOPS-54

<u>Office Use Only</u>	
PMT _____	
CN _____ CA _____	NOC _____
ENTD _____	NOTES _____



## OFFICIAL RECEIPT

Amount Paid: \$ \_\_\_\_\_

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Name and Session: Microballers – Winter 2010

Fees Paid by: \_\_\_\_\_

Authorized signature:

PLEASE KEEP THIS RECEIPT OF REGISTRATION FOR TAX PURPOSES.  
DUPLICATE RECEIPTS WILL NOT BE ISSUED.

Oakville Basketball Club

1011 Upper Middle Road East, Suite 1476 \* Oakville, ON L6H 5Z9 \* 905-469-1855 or 1-866-HOOPS-54