



OBC SUMMER HOOPS CAMPS
Boys and Girls Ages 8-16

SESSION 1 HOOP SKILLS August 3-6, 2010
\$150 9 AM - 3 PM
* Fees after July 19 2010, \$175

*
*

SESSION 2 PREP FOR REP August 23-27, 2010
\$200 9 AM - 3 PM
* Fees after Aug 6 2010, \$225

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 _____ Health Card Number _____

(please print all communicate thru email)

(optional)

Medications _____ Allergies _____

Previous Basketball Experience _____

Where did you hear about our programs? _____

Additional information _____

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 Club 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 Inc.
209 Wycroft Road, Unit B
Oakville, Ontario L6L 6J4

NO REFUNDS AFTER PROGRAM START DATE

Withdrawal prior to the first session is subject to a \$25 administration fee. Please allow up to 4 weeks to process.

www.oakvillebasketball.com 905-469-1855 or 1-866-HOOPS-54

Office Use Only
PMT _____
CN _____ C A _____ NOC _____