



SUTHERLAND DISTRICT BASKETBALL ASSOCIATION INC.

**ENROLMENT FORM**  
**SHARKS BASKETBALL CAMP**  
**Tuesday 23rd – Friday 26th September 2014**

*All levels welcome (beginners, intermediate, advanced).  
Participants will be divided into classes (age and ability).*

**Ages:** 7 – 15 years  
**Duration:** 9.00am to 2.00pm      **Lunch break:** 12-12.30pm      **BYO lunch and drink bottle**  
**Cost for 4 days:** **Registered Players** \$140 1<sup>st</sup> child, \$120 sibling/s  
**Non-registered Players** \$180 1<sup>st</sup> child, \$160 sibling/s  
*Includes basketball and T-Shirt for each participant Trophies & daily awards*  
**NB:** Children are expected to attend all four days.

**CHILD'S PARTICULARS:**

Name: ..... Male/Female.....  
Home address: ..... Postcode: .....  
Date of birth: ..... Age: ..... School: ..... Year: .....  
Does your child suffer from any medical, physical or emotional condition that we should be aware of?  
.....

**T-SHIRT SIZE (please circle):** SIZE: 8 / 10 / 12 / 14 / SML / MED

If registered, details of Team Name, Club, Grade .....  
If not registered, brief details of child's basketball experience (if any): .....  
.....

**PARENT/GUARDIAN'S DETAILS:**

Email address—for **confirmation of camp registration**. (Your email address will remain confidential—for SDBA use only)  
.....

**Contact name & Nos. during camp:** .....

Ph.: (H) ..... (B) ..... (M) .....

**How did you hear about our camp?** School advert / stadium / newspaper / other: .....

**PARENT/GUARDIAN CONSENT:** I approve of this enrolment and understand that the organisers will take all reasonable care to ensure the well-being of my child/children during the course of the camp. I will not hold them responsible for any injuries that occur during the camp. I give my consent for any necessary medical treatment and agree to meet any and all expenses incurred. I authorise that any photographic or video images taken at the camp may be used for promotional use.

I understand that if my child's behavior is inappropriate, I may be asked to pick him/her up.

Parent/Guardian's name (please print): .....

Signature: ..... Date: .....

**ENROLMENT PROCEDURE:**

Please complete this enrolment form and return with full payment by Email: [admin@sutherlandbasketball.net.au](mailto:admin@sutherlandbasketball.net.au)  
Fax: 9521 5696 or post to: SDBA, PO Box 55, Sutherland, 1499

**Credit card payments:** MasterCard / Visa / Bankcard      **Card No.:** \_ \_ \_ \_ \_

Exp. Date: ...../.....      Amount \$ .....      Signature: .....

**NORMAL OFFICE HOURS:** 9 am to 5 pm, Monday to Friday.

Phone: 9542 1999

Website: [Sutherland.basketball.net.au](http://Sutherland.basketball.net.au)

**ENROLMENT FORMS AND PAYMENT MUST ARRIVE AT OFFICE BY FRIDAY 16<sup>TH</sup> September 2014**

*Office use only:* Date received: ..... Amount paid: ..... Receipt no: ..... Processed by: .....