



SUTHERLAND DISTRICT BASKETBALL ASSOCIATION INC.

ENROLMENT FORM
SHARKS BASKETBALL CAMP
Tuesday 20th – Friday 23rd January 2015

*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 1st child, \$120 sibling/s
Non-registered Players \$180 1st 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
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

ENROLMENT FORMS AND PAYMENT MUST ARRIVE AT OFFICE BY Thursday 16TH January 2015

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