

SUMMER CAMPS 2017

Registration Form - Formulaire d'inscription



BBCAMP.SLC.QC.CA

<p style="text-align: center;">Basketball Mega Camps, \$225.00</p> <p><input type="checkbox"/> Week 1 - Semaine 1 (Age : 8 - 14) June 26 - 30 Juin</p> <p><input type="checkbox"/> Week 2 - Semaine 2 (Age : 8 - 14) July 3 - 7 Juillet</p> <p><input type="checkbox"/> Week 3 - Semaine 3 (Age : 8 - 14) July 10 - 14 Juillet</p>	<p style="text-align: center;">Elite Basketball Camp \$225.00</p> <p><input type="checkbox"/> Week 4, Semaine 4 (Age 13 - 16) July 17 - 21 Juillet</p> <p style="font-size: small;">Taxes are applicable for children 15 years and older only. If applicable, amount + taxes is \$258,69.</p> <p style="font-size: small;">Les taxes sont applicables pour les enfants 15 ans et plus. Si applicable, le montant avec taxes est 258,69\$</p>
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T-shirt size: **Youth Size** XS S M L XL

Adult Size XS S M L XL

NAME OF CAMPER / NOM DU CAMPEUR: _____ **Sex** **Age at camp**

* _____

E-Mail: _____
*SVP inscrire le courriel des parents puisque toute communication future sera fait par courriel,
 Please indicate the parent's email address correctly, as all further information will be sent by email.*

Birth date: _____ / _____ / _____ Health card#: _____ Exp: _____

Address: _____
 City: _____ Postal code: _____ Home tel: _____

MEDICAL HISTORY (Do you suffer from the following ?)

Fainting Asthma Nose bleeds

Allergies: _____

Other: _____

SCHOOL INFORMATION

School Name: _____

Grade in September 2017: _____

PARENT INFORMATION:

Father's name: _____ Mother's name: _____

Day phone number: _____ Day phone number: _____

Cell phone number: _____ Cell phone number: _____

INCOME TAX RECEIPTS MADE OUT TO: **Father** **Mother**

SOCIAL INSURANCE NUMBER (Obligatory for tax receipt emission): _____

AUTHORIZATIONS

MEDICAL TREATMENT AUTHORIZATION

I authorize duly assigned members of Champlain St. Lawrence to manage and provide first aid in the case of injury. I also authorize transportation by ambulance or other means to health care facility and will be billed for it.

MEDIA AUHORIZATION

I authorize Champlain-St. Lawrence to take pictures of my child and to use them for promotional and informational purposes.

Signature: _____ date: _____

No refund after June 1st 2017.
 (After that date, we will consider medical reasons only)
 Return your form and your \$225 cheque payable to Champlain-St. Lawrence
 c/o Basketball Camp, 790 Nérée-Tremblay, Québec, G1V 4K2
 Register online: <http://bbcamp.slc.qc.ca>