

# SUMMER CAMPS 2018

## Registration Form - Formulaire d'inscription



**BBCAMP.SLC.QC.CA**

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| <p style="text-align: center;"><b>Basketball Mega Camps,</b><br/>\$225.00</p> <p><input type="checkbox"/> Week 1 - Semaine 1 (Age : 8 - 14)<br/>June 25 - 29 Juin</p> <p><input type="checkbox"/> Week 2 - Semaine 2 (Age : 8 - 14)<br/>July 2 - 6 Juillet</p> <p><input type="checkbox"/> Week 3 - Semaine 3 (Age : 8 - 14)<br/>July 9 - 13 Juillet</p> | <p style="text-align: center;"><b>Elite Basketball Camp</b><br/>\$225.00</p> <p><input type="checkbox"/> Week 4, Semaine 4 (Age 12 - 16)<br/>July 16 - 20 Juillet</p> <p style="text-align: center;">For advanced level players.<br/>Pour joueurs avec niveau de jeu avancé.</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 2018: \_\_\_\_\_

**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 1<sup>st</sup> 2018.**  
 (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>