



2010 Basketball Camp Registration Form

Camp Location and Date: _____

Participants Given Name: 1) _____

2) _____

3) _____

Surname: _____

Date of Birth: 1) _____

Gender: 1) M/F

2) _____

2) M/F

3) _____

3) M/F

Address: _____

Suburb: _____

Postcode: _____

Email: _____

Contact Number: _____

Does your child suffer from any allergies (i.e. medical, bee sting etc) or are they on any medication or have any other conditions of which we should be aware?

Payment Options (Please Circle)

Cash

Money Order

Cheque (payable to Hobart Chargers)

Direct Deposit
Hobart Chargers
Bendigo Bank
BSB 633 108
Account: 138776075

Return form with payment to: Hobart Chargers Basketball
PO Box 566
Moonah, 7009

For further information regarding the camp/workshop please contact Sue Leedham on 0418 121 052. Check in begins at 0830 at the main entrance on the first day of the camp/workshop.

Whilst participating in any physical activities, each participant is assumed to be voluntarily performing these activities for which he/she assumes all risks, consequences and potential liability. The undersigned release Basketball Camp Staff of all liability by reason of accident, illness, injury, death and other consequences arising or resulting directly from participation in camp sessions.

I also give permission for images of my child/children to be acquired by a sanctioned photographer/videographer whilst participating in camp activities. I consent to the images being used for publicity purposes if required.

I have read and understand the above.

Parent/Guardian: _____

Date: _____

OFFICE USE ONLY

Deposit Received: _____

Balance Received: _____