



mountaineers

Mountaineers Basketball Camp

2019 Registration Form

Please note a separate registration form must be complete for each camp attendee.

Session	Fee	
July 15-19 (Girls & Boys Ages 8-14)	\$220/week	<input type="checkbox"/>
August 19-23 (Elite Basketball Camp)	\$220/week	<input type="checkbox"/>

Team and Family rates available for both camps

Name: _____

Male: _____ Female: _____ Age _____ Birth date: _____

Shirt Size (Please circle one)

Youth: XS S M L XL Adult-Male Size: XS S M L XL

Allergies: _____

Medical Conditions: _____

OPTIONAL - Health Card Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____

Parent(s)/Guardian(s) Name: _____ Daytime Phone: _____

Relationship: _____

Consent:

I give my permission for photographs to be used in promotional materials, website, newspaper articles or future camp brochures.

Agree _____ I do not agree _____

I have read and understand the following:

In the event of an emergency, I give consent for the camp staff or designated appointee to authorize on my behalf all procedures including admission to the hospital and necessary treatments) if contact cannot be made the parent/guardians or emergency contacts.

___ Yes, I certify that the registrant on this form is in good health and can vigorously participate in the Mountaineers Basketball Camp.

___ Yes, I consent to the full participation of the aforementioned registrant, fully recognizing and, accepting the inherent risks involved in sporting activities.

___ Yes, I release and hold harmless, the Mountaineers Basketball Camp, officers, employees, representatives, successors and assigns all liability or damage to person or property howsoever caused, resulting from participation by the aforementioned registrant in the program.

___ Yes, Freedom of Information: Pursuant to Section 39 (2) of the Freedom of Information and Privacy Act, you are hereby notified that your personal information is being collected for the purpose of assisting program director or staff in event of an emergency, mailing information regarding the MOUNTAINEERS Basketball Camp at Mohawk College, and for creating internal records.

Name of Parent or Guardian (please print)	Signature	Date

Payment options cash or cheque payable to Mohawk College Athletics

Mail Cheque to : Mohawk College
c/o Athletic & Recreation Room R105
David Braley Athletic and Recreation Centre
135 Fennell Ave West, Hamilton, ON L9C 0E5
905.575.2317

or drop payment off at the Membership Desk at David Braley Athletic and Recreation Centre. For more information, please email Kevin Duffy at irish4bball@hotmail.com

We are a peanut free camp, please refrain from sending your child with peanut or nut products.
Cancellation within 2 weeks will result in a 25% refund.

