



The Surrey Bulldogs Summer Camps 2016



Player Registration

<input type="checkbox"/> 4-day camp	→	<input type="checkbox"/> June 27 th - June 30 th	<u>Gender</u>	<input type="checkbox"/> Boy	<u>Camp Type</u>	<input type="checkbox"/> Full Day	<u>Going into grade:</u>	<input type="checkbox"/> 2
		<input type="checkbox"/> August 2 nd – August 5 th						<input type="checkbox"/> 3
<input type="checkbox"/> 5-day camp	→	<input type="checkbox"/> July 4 th – July 8 th	<input type="checkbox"/> Girl	<input type="checkbox"/> Half Day	<input type="checkbox"/> 4			
		<input type="checkbox"/> July 11 th – July 15 th			<input type="checkbox"/> 5			
		<input type="checkbox"/> July 18 th – July 22 nd			<input type="checkbox"/> 6			
		<input type="checkbox"/> July 25 th – July 29 th			<input type="checkbox"/> 7			

Preferred Location

Cambridge Elementary Sunnyside Elementary Sullivan Heights Secondary

Player information

Last name: _____ First Name: _____ Age: _____
 Address: _____ City: _____ Postal Code: _____
 Phone: _____ Email: _____
 Parent/Guardian Name(s): _____

T- Shirt Sizing (please check one)

	Small	Medium	Large	XL
Youth				
Adult				

Basketball Experience

- None
- Some
- Quite a bit
- A lot

Cancellation/Refund Policy

All cancellations or refund requests must be made in writing and emailed to klarkin@surreybulldogs.com or mailed to #86-15075 60th Avenue, Surrey, BC V3S 1S1.

Full refund is available up until two weeks prior to camp. A 50% refund is available within the two-week period prior to the beginning of camp. There will be no refunds once camp has started.





Surrey Bulldogs

Summer Basketball Camps 2016

Medical

Child's Full Name: _____

Primary Contact Person: _____

Contact phone number 1: _____ Contact phone number 2: _____

Alternative Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Physician: _____

Phone: _____

Care Card# _____

Private Health Insurance: Yes No

Life Threatening Allergies: _____

Other Allergies: _____

Please describe any health conditions or previous injuries that may be relevant to your child's participation on the basketball team.

Authorization

In the unlikely event that the participant named above is injured or becomes seriously ill while practicing or playing as a registrant in the Surrey Bulldogs Summer Basketball Camp ("the camp"), and I cannot be reached, I authorize Coach Kevin Larkin ("Coach Kevin"), or anyone coaching in place of Coach Kevin, to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with the camp, it is agreed that Coach Kevin, and any other Surrey Bulldogs Summer Basketball Camp Coach, is released from all liability for injury to the above named participant or for loss or damage to personal property.

Parent / Guardian Signature

Date