



January Basketball Camp 2013 Registration Form

Player Details:

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Domestic Team / Rep Club: _____

D.O.B: _____

Medical Conditions / Allergies: _____

(If necessary please attach more detailed information to this form.)

Parent / Guardian Contact Details:

Name: _____

Relationship to child: _____

(H) _____ (W) _____ (M) _____

Email Address: _____

Please Select Appropriate Camp (circle):

Development – Tuesday 22nd & Wednesday 23rd January 2013

Elite - Tuesday 22nd & Wednesday 23rd January 2013

Parent / Guardian Permission:

I hereby give permission for my child _____ (Insert player name) to attend Werribee Devils Basketball development / elite camp(s). I give permission for WBA staff to seek any urgent medical attention that they deem necessary. I hereby waive and release WBA of any and all liability for any injury, illness or loss incurred whilst at the camp. I give WBA permission to use photographs of my child for promotional use. I understand WBA reserves the right not to refund any of the camp fees due to the above named not attending the program

Parent/Guardian Signature: _____ **Date:** _____

IMPORTANT Registration Close **Friday 18th January 2013**

PAYMENT – Elite: \$60.00 (GST inclusive) must be paid on the day

Development: \$80.00 (GST inclusive) must be paid on the day

Scan & Email - camps@werribeebasketball.com