**School Holiday Basketball Camp! For boys and**

**Girls aged 5-12.**

**10am – 3pm**

**Wednesday 9th April 2014**

**Thursday 10th April 2014**

****

**…………………………………………………………………………………………………………………………………………………………….**

Please detach and return this form to the Mildura Basketball Association office with

payment of $90.00

**Childs Name:………………………………………………. Age…………..D.O.B………………M/F........**

**Address…………………………………………..Town……………………………P/C……**

**Parents name……………………………………**

**HomeP/h…………………………… Mobile:……………………………………**

**Email:………………………………………**

**Emergency Contact:……………………………Phone:…………………………………..**

Does your child have any medical conditions we should know about? Yes / No Condition………………………………………………

Ambulance Subscription Number………………………………..

In case of an emergency do you authorize the Mildura Basketball Association to arrange the necessary medical treatment for your

child Y/N

I give permission for my child’s photo to be taken during an any promotional activities which may be undertaken by the Mildura

Basketball Association during the two days of the School Holiday Basketball Camp.

Signed:………………………………………………………………………………. Date:…………………………………………………..