





SCHOOL HOLIDAY BASKETBALL CAMP!

FOR BOYS AND GIRLS AGED 5-12

10AM – 3PM

WEDNESDAY April 1st &

THURSDAY April 2nd

Please call 5023 2241 for more details

………………………………………………………………………………………………………………………………..

Please detach and return this form to the Mildura Basketball Association office with payment of $80.00

**Childs Name:…………………………………… Age…………..D.O.B………………M/F Address…………………………………………Town……………………………P/C**

**Parents name……………………………………Home P/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:…………………………………………………..