

**BROOKWOOD BASKETBALL ASSOCIATION OF PIERREFONDS INC.**  
 ( MAILING ADDRESS ) 12170 BOUL. RICHER PIERREFONDS, QUEBEC H8Z 1K4

**18<sup>TH</sup> ANNUAL**  
 '2010' DEVELOPMENTAL & SKILLS CAMP - FOR GIRLS & BOYS  
 BORN 1994, 95, 96, 97, 98, 99, 2000, 2001, 2002, 2003  
"ELITE INSTRUCTION" WILL BE DESIGNED TO SUIT THE NEEDS OF THE PLAYERS

JULY 5 - 9  JULY 12 - 16  JULY 19 - 23  JULY 26 - 30   
 9:00 A.M. - 3:00 P.M.  
 (DAYCARE IS NOT AVAILABLE)

CHEQUES MUST BE MADE PAYABLE TO BROOKWOOD BASKETBALL SUMMER CAMP

AN ADMINISTRATION FEE WILL BE CHARGED FOR REFUNDS  
 \$50.00 FOR 1 WEEK AND AN ADDITIONAL \$25.00 PER ADDITIONAL WEEK PER CHILD  
 ALL REGISTRATION FEES ARE NON-REFUNDABLE AFTER JUNE 1, 2010  
A \$25.00 FEE WILL BE CHARGED FOR RETURNED CHEQUES

REGISTRATION FEES  
First Child  
 100\$ PER WEEK - 185\$ FOR (2) WEEKS - 270\$ FOR (3) WEEKS - 350\$ FOR (4) WEEKS PER CHILD  
Second & Third Child  
 90\$ PER WEEK - 170\$ FOR (2) WEEKS - 240\$ FOR (3) WEEKS - 300\$ FOR (4) WEEKS PER CHILD

PLAYER'S NAME \_\_\_\_\_ M  / F

FAMILY NAME FIRST NAME

ADDRESS \_\_\_\_\_

# STREET CITY POSTAL CODE

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MEDICARE NUMBER \_\_\_\_\_

MONTH DAY YEAR

HOME PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATION(S) \_\_\_\_\_ REASON \_\_\_\_\_

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I, the undersigned authorize enrollment of my child to participate in strenuous athletic activity, and waive Brookwood Basketball, its staff, their officers and agents from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first session and all liabilities or causes of action arising out of or in connection with my child's participation in the camp. I also understand that any violations or fines that are a result of my child's delinquent behavior will be assigned to me personally.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT PAYABLE TO: \_\_\_\_\_  
 FOR INCOME TAX ( PLEASE PRINT)

PLEASE DO NOT FILL IN - FOR ADMINISTRATIVE USE ONLY

\$ AMOUNT \_\_\_\_\_ X \_\_\_\_\_ (CHILDREN) NUMBER OF WEEKS \_\_\_\_\_ CASH  CHEQUE   
 BANK \_\_\_\_\_ CHEQUE # \_\_\_\_\_ DATED \_\_\_\_\_