



2010 Kootenay Basketball Program Registration Form

Mail, Fax or Drop Off Completed Forms

Nelson Regional Sports Council (NRSC) Box 1190 Nelson, BC V1L 6H3

nrsc@telus.net www.nelsonsports.ca Phone: (250) 352-3989 Fax: (250) 352-0046

Note: Registration by NRSC during office hours Monday - Friday, 9:00 am - 1:00 pm; or by mail/fax.

INFORMATION:

Participant Name: _____ Phone: _____ Age: _____
Male _____ Female _____ Address: _____
City/Town: _____ Province: _____ School Attending: _____
Parent or Guardian Name: _____ Home Phone: _____
Cell Phone: _____ E-mail Address: _____ Medical #: _____
Emergency Contact Person: _____ Phone: _____

PROGRAM SELECTION: (Please check selected programs)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Skills & Drills, Thurs. April 8
(Boys, Ages: 14-16 (\$25); LVR, 6 - 9 pm) | <input type="checkbox"/> "Triple Threat" Tues. Nite Basketball
(Boys, Girls Ages: 11-14 (\$94) - 5 Tuesday's April 13- May11; LVR, 6-8:30 pm) |
| <input type="checkbox"/> Skills & Drills, Thurs. May 6 | <input type="checkbox"/> Introduction To Basketball, Wed. May 12
(Boys, Ages: 13-16 (\$25); LVR, 6-9 pm) (Boys, Girls Ages: 7-11 (\$25); LVR, 5:30-8:30 pm) |
| <input type="checkbox"/> Skills & Drills, Thurs. May 20
(Girls, Ages: 12-15 (\$25); LVR, 6-9 pm) | <input type="checkbox"/> Skills & Drills, Wed. June 9
(Boys & Girls Ages: 11-13 (\$25); LVR, 6-9 pm) |
| <input type="checkbox"/> Summer Basketball Camp
Tues. July 6 - Fri. July 9, 9:30-12:30 pm
(Boys, Girls Ages: 8-11 (\$89); LVR) | <input type="checkbox"/> Skills & Drills, Wed. July 14
(Boys, Ages 13-16 (\$25); LVR, 6-9 pm) |
| <input type="checkbox"/> Skills & Drills, Wed. Aug. 18
(Boys, Girls Ages: 10-13 (\$25); LVR, 6-9 pm) | <input type="checkbox"/> Footwork & Conditioning, Wed. Aug. 25
(Boys, Girls Ages: 13-16 (\$18); LVR, 7-9 pm) |

TOTAL AMOUNT DUE _____ METHOD OF PAYMENT CHQ/CASH/CC'd _____

Refunds are subject to \$15 Admin fee.

MEDICAL INFORMATION: Doctor's Name: _____ Phone: _____

List any medical conditions/issues that the Program Director should be made aware of:

PARENTAL AGREEMENT:

I, the parent/guardian of _____, a minor, hereby release, discharge and or otherwise indemnify Kootenay Basketball, its affiliated organizations, employees, volunteers, coaches and associated personnel, including the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

I hereby authorize any emergency or medical care that is necessary to preserve the well-being of my dependent.

Parent/Guardian Name (Print): _____ Signature: _____ Date: _____