

# ST. BENEDICT BASKETBALL CAMPS APPLICATION 2019

REGISTRATION DEADLINE IS JUNE 10, 2019 (if spots are still available by that time)

Please complete entire page and return with payment.

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Parent's Tel. Work: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Health Card Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Medical Problems? \_\_\_\_\_  
Name of school attending this fall: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Past Basketball Experience (e.g. Travel, AAU, School, none, etc.): \_\_\_\_\_  
Reversible Youth: small med large Adult: S M L XL XXL  
Jersey Size

### Waiver Agreement:

In consideration of the benefits expected to be derived from the admission of my child to the St. Benedict Basketball Camps, I hereby remise, release and forever discharge the said camp, its servants and agents, members and participants, and parents of, and from any and all actions, claims and demands whatsoever in any way arising out of injury or illness of myself or my child, or loss or damage to property occurring during or as a result of anything done or left undone by the St. Benedict Basketball Camps, or any of the other persons hereby released in conjunction with the operation of the sports camp or any thing arranged by it to take place outside of its' training premises. If at any time, due to circumstances or sudden illness, medical treatment is necessary, this may be given. The above will enable a physician to give necessary treatment in the case of an emergency where parents cannot be reached. It is understood that every effort will be made to contact the parents. In signing the application, I hereby acknowledge that I have read and understand the conditions and certify that my child is in good physical health. I also understand that by registering for this event, I am giving the St. Benedict Basketball Camp permission to use any photographs and/or video taken of the participants for publicity and promotional purposes as well as permission to contact me via email about any future St. Benedict CSS events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE CHECK THE APPROPRIATE BOXES

The deposit fee accompanying the application form is non-refundable. The balance owing must be submitted **by June 10<sup>th</sup>** or risk forfeiting your spot and deposit. **No refunds will be provided after June 10 for any reason.** A medical certificate is required for all refunds prior to this date. There will be no refund if a camper is expelled from camp. NSF charges will be subject to a \$20 administrative fee.

**No. 1 JUNIOR SAINTS DAY CAMP**  
Entering Grades 1 to 3 8am – 10am  
\_\_\_\_\_ \$45 Deposit \_\_\_\_\_ \$90 Full Payment  
(\$45 Balance owing June 10)

**No. 2 BOYS' AND GIRLS' DAY CAMP**  
**SEMI-PRO DIVISION**  
Entering Grades 4 to 6 10:30am – 4:00pm  
\_\_\_\_\_ \$90 Deposit \_\_\_\_\_ \$180 Full Payment  
(\$90 Balance owing June 10)

**No. 3 BOYS' AND GIRLS' DAY CAMP**  
**PRO DIVISION**  
Entering grades 7 to 9 10:30am – 4:00pm  
\_\_\_\_\_ \$90 Deposit \_\_\_\_\_ \$180 Full Payment  
(\$90 Balance owing June 10)

### Return To:

**John Malnerich**  
St. Benedict Catholic Secondary School  
50 Saginaw Parkway  
Cambridge, Ontario  
N1R 5W1

Make cheques payable to  
"St. Benedict Catholic Secondary School"

For more info:  
Email: [John.Malnerich@wcdsb.ca](mailto:John.Malnerich@wcdsb.ca)  
Phone: 519-621-4050 ext5337  
Voice Mail: 3070

Website: [stbenedict.wcdsb.ca](http://stbenedict.wcdsb.ca)  
LOOK UNDER "STUDENT LIFE/ATHLETICS"