



# Basketball Camps International



## Potato Valley Basketball Camp July 5 - 9, 2010

<b>Name</b>			
<b>Street</b>			
<b>City</b>			
<b>Prov/State</b>		<b>Country</b>	
<b>Post/Zip Code</b>		<b>Age at Camp</b>	
<b>Home Phone</b>		<b>Work Phone</b>	
<b>Cell Phone</b>		<b>Male</b> ____	<b>Female</b> ____
<b>Emergency Contact</b>			
<b>Emergency Number</b>			
<b>Date</b>			
<b>Camp Fee \$ 125.00 which includes \$ 25.00 registration</b>			
<b>cheque payable to BCI c/o Iain Dunlop</b>		<b>** <u>Family Rates Available</u> **</b>	
<i>Waiver: I hereby give my consent and approval to the publication of the applicant in the program conducted Basketball Camps International (BCI) from any and all liability for any injuries and/or illness while at camp. Proof of medical coverage must be produced on day of registration.</i>			
<b>Parent/ Guardian Signature:</b>			
<b>Medical Insurance Card #:</b>			