



GIRLS BASKETBALL GAMES - SPRING 2021

FEE: \$150.00 Includes Jersey **For girls in grades 7 - 9**

Space is limited to 40 players. Please register early to secure your spot!

Game Format:

- 40 players will be equally divided into 4 teams of 10 players.
- MSVU Women's Basketball Varsity players will mentor the teams.

Dates & Game Times:

- All teams will play 6 one hour games, as per their team schedule.
- Team schedules will be posted at msvu.ca/camps on April 30/21.

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|----------------------|------------------------------------|
| • Sunday, May 1st | Game Times: 5:00pm |
| • Saturday, May 2nd | Game Times: 9:30am, 11:00am |
| • Sunday, May 9th | Game Times: 1:30, 3:00pm, 4:30pm |
| • Sunday, May 15th | Game Times: 5:00pm |
| • Saturday, May 16th | Game Times: 9:30am, 11:00am |
| • Sunday, May 30th | Game Times: 1:30pm, 3:00pm, 4:30pm |

IMPORTANT INFORMATION

- On the first game day Parents/Guardians must be present at drop off to complete the "MSVU CHILDREN PARTICIPATING IN ACTIVITIES DURING COVID-19 ~ WAIVER". Do not sign in advance, MSVU staff must witness you signing the document.
- Players can enter the building through the side entrance of the Rosaria Student Centre. Parents/Guardians will not be permitted to enter the facility.
- Coaching Staff will escort your child to the gymnasium. Participants should arrive no more than 15 minutes prior to the start of their scheduled game.
- If your child is feeling unwell, PLEASE STAY HOME.

TO REGISTER:

Call 902-457-6420 or
Email completed registration form to
mount.fitness@msvu.ca

REGISTRATION

INQUIRIES:

Call 902-457-6420 or
Email completed registration form to
mount.fitness@msvu.ca

GAME INQUIRIES:

Please email inquiries to
Mark.Forward@msvu.ca

GAME SCHEDULE:

Schedules will be posted online at
msvu.ca/camps by April 30/21



MOUNT MYSTICS - SPORT REGISTRATION FORM

Phone: 902-457-6420

msvu.ca/camps

mount.fitness@msvu.ca

MSVU Rosaria Centre, 131 Lumpkin Road, Halifax, NS B3M 2J6

Office use only
First 3 letters
of SURNAME

Girls Basketball Games - Grades 7-9

Fee: \$150.00 Includes a Jersey

Player Information

Player's Name: _____ Age: _____ Birthday: _____ Grade _____

Current Team(s): _____ Division: _____ Sibling of (if applicable): _____

Medical Conditions: No Yes (please clarify): _____

Allergies: No Yes (please clarify): _____

Medications: No Yes (please clarify): _____

Additional information you may want us to know: _____

Parent/Guardian - Primary Contact

Parent/Guardian: _____

Address: _____

City: _____ P.C. _____

Phone: (h) (_____) (c) (_____) _____

E-mail: _____

Emergency Contact

Emergency Contact: _____

Phone: (c) (_____) _____

(h) (_____) _____

Parental/Guardian Informed Consent & Release of Liability of Mount Saint Vincent University

I, _____ (please print) the parent/guardian of the participant understand, appreciate and accept the inherent physical risks of these activities. As a condition of registration, the parent/guardian of the participant agree to accept full responsibility for any personal property loss or damage and/or any personal injury sustained by the participant and on behalf of the participant release Mount Saint Vincent University, its employees, agents or volunteers from any loss, damage or injury that may be suffered by the participant in connection with participation in the activity.

Mount Saint Vincent University reserves the right to: assign the participant to a group most appropriate for their age or ability, and to request any participant to withdraw if the participant is not behaving in an appropriate and reasonable manner.

I understand and agree to the above and hereby give my child permission to:

____ (initial): take part in the MSVU Basketball youth sport activities.

____ (initial): be photographed by MSVU staff and hereby understand that such photographs become the property of Mount Saint Vincent University and may be used for the purpose of any other promotional purposes deemed necessary and/or relevant to this program.

____ (initial): in the case of a health emergency, I give permission for my child to be taken to the IWK hospital.

Date: _____

Signature: _____

REMINDER: TO PARTICIPATE IN THIS ACTIVITY, A PARENT OR GUARDIAN MUST BE PRESENT AT DROP OFF ON THE FIRST DAY TO COMPLETE THE REQUIRED "UNIVERSITY ACTIVITIES WAIVER".

Method of Payment: Cash Cheque Debit Visa MC AMEX

Card # _____ Exp Date: _____

OFFICE USE ONLY: Entered in Computer: Yes Registered by: _____ Date: _____ Auth# _____