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 MSVU, 166 Bedford Hwy
 (Rosaria Centre)

Office use only
 First 3 letters
 of SURNAME

PLAYER INFORMATION & REGISTRATION FORM 2022 Boys Basketball Camp

For Boys : Ages 13– 16 years
 Time: 9:30am - 4:00pm

Date: Saturday, August 20 and Sunday, August 21, 2022
 Fee: \$135.00 (HST inc) includes a shirt. **Register by June 30, 2022 for 10% OFF.**
 Please pack a lunch. *no peanuts allowed.

Camper Information

Player's Name: _____ Age: _____ Birthday: _____ Grade _____
 Medical Conditions: ___ No ___ Yes (please clarify): _____
 Allergies: ___ No ___ Yes (please list): _____
 Medications: ___ No ___ Yes (please list): _____
 Additional information you may want us to know: _____

Parent/Guardian 1 Primary Contact Parent/Guardian 2 (if applicable) Secondary Contact

Parent/Guardian: _____
 Address: _____
 City: _____ P.C. _____
 Phone: (h) (____) _____ (c) (____) _____
 E-mail: _____

Parent/Guardian: _____
 Address: _____
 City: _____ P.C. _____
 Phone: (h) (____) _____ (c) (____) _____
 E-mail: _____

Alternate Contact and Person(s) authorized to pick up child

Alternate Emergency Contact: _____ Relationship to camper: _____ Phone #: _____
 Person(s) authorized to pick up child (in addition to Parent/Guardian 1 & 2 and alternate contact):
 Name: _____ PH#: _____ Name: _____ PH#: _____

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

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

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 from the camp/program 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 Camps.
- _____ (initial): be photographed by MSVU Camp 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 Camp program.
- _____ (initial): in the case of a health emergency, I give permission for my child to be taken to the IWK hospital.

OFFICE USE ONLY: Cash Cheque Debit Visa MC AMEX
 Card # _____ Exp Date: _____ Authorization # _____
 Registered by: _____ Date: _____