



Phone: 902-457-6420
 Fax: 902-457-1694
 msvu.ca/fitness
 Email: camps@msvu.ca
 MSVU, 166 Bedford Hwy
 (Rosaria Centre)

Office use only
 First 3 letters
 of SURNAME

PLAYER INFORMATION & REGISTRATION FORM 2020 Boys Basketball Camp

For Boys : Ages 9 - 12
 Time: 6:00pm - 8:00pm

Date: WEDNESDAY NIGHTS: April 15 - May 27, 2020 (7 weeks)
 Fee: \$160.00 (includes a shirt)

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: _____

Parent/Guardian: _____

Address: _____

Address: _____

City: _____ P.C. _____

City: _____ P.C. _____

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

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

E-mail: _____

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: ONLINE REG In-Person REG: Cash Cheque Debit Visa MC AMEX
 Card # _____ Exp Date: _____ Authorization # _____
 In-Person, Registered by: _____ Date: _____