2019 WATSA BASKETBALL CAMP REGISTRATION FORM

First Name:	Last Nam	e:	
Male / Female (please	circle one)		
Address:	Ci	ty:	Province:
Postal Code:	Telephone #: ()	Age:	Grade Completing:
Parent's Names: (F)	(M)	Cell #: ()
Parent's Email:	S	Secondary Email: _	
Emergency Contact: _		Emergency Conta	ct #: ()
Health Card #:	Bi	irth Date: M	_ D Y
Shirt Size: Youth - L_	_ XL Adult - S M L	Current School:	
Amount Paid: \$	Camp Dates: Aug.	. 5-9 Aug.	12-16
		_	
	<u>Player W</u>	<u>aiver</u>	
and all other persons or en by the participant mentioned indersigned do hereby agrexecutors, staff members a against them in respect to consequence of participation to swim in the pool at the Nassociated with More Than participant mentioned belove		asketball Camp from and causes of action s Mano and Kate Wa amages, claims and on on or property which I give permission for taff, sponsors, promo ball Camp from any a to receive medical tre	any injuries or damages suffered arising there from. The tsa, Isaac Watsa, their heirs, demands which may be brought has been sustained in the below mentioned participant oters, and all other entities and all injuries suffered by the
	Dated this day of _	, 2019	
	Parent Sig	nature	

TO COMPLETE YOUR REGISTRATION:

Mail the **Registration Form** above and your \$125 (Cheque Payable to Watsa Basketball Camp) to:

Watsa Basketball Camp, 1833 Nafziger Road, New Hamburg, ON N3A 3H4

Camp Registration Fee: \$125.00

WHAT HAPPENS NEXT?

Upon receiving your registration form and payment, we will mail your acceptance email to the address provided. The camp acceptance email includes directions, drop-off and pick-up times and a 'to bring' list. If you have any questions, you can reach us at:

www.watsacamp.com

519-214-1000 / isaacwatsa@gmail.com