



# C&C Basketball Academy

## 2015 Summer Camp July 27-31

### Registration Form

[www.ccbasketballacademy.com](http://www.ccbasketballacademy.com)

ccbasketballacademy@gmail.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Sex: M or F

School: \_\_\_\_\_ Club Team: \_\_\_\_\_

T-Shirt Size (Adult Sizes) S M L XL XXL Health Card # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Full Day \$199 \_\_\_ Half Day \$105 \_\_\_ AM or PM Payment: Cheque \_\_\_ MC \_\_\_ Visa \_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ 3 digit code \_\_\_\_\_

#### Waiver

I hereby authorize the personnel of the 2015 C&C Basketball Academy Camp to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release the camp, its affiliates, all sponsoring and assisting employees and agents from any liability for any injuries incurred while at camp.

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Parent or Guardian Signature

Make cheques payable to **Mustangs Basketball Academy**

Please send to:

**C&C Basketball Academy**

*61 Blue Heron Dr.*

*Ilderton Ontario*

*N0M 2A0*