



MARNIK SPORTS ASSOCIATION presents

# ALL-STARZ SUMMMER CAMP 2010

208 Ridge Road RR # 2, Rockwood ON, N0B 2K0 ~ [www.allstarzbasketball.com](http://www.allstarzbasketball.com) ~ info@allstarzbasketball.com

## Player Registration Form

<b>General Information</b>		
<hr/> <b>Last Name</b>	<hr/> <b>First Name</b>	<b>Male</b> ___ <b>Female</b> ___
<hr/> <b>Address</b>	<hr/> <b>Apt/Unit</b>	<hr/> <b>Postal Code</b>
<hr/> _____, <b>ON</b>	<hr/> (____)-____-____	<hr/> _____
<b>City</b>	<b>Home Phone</b>	
<hr/> <b>Father's Name</b>	<hr/> <b>Contact No.</b>	<hr/> <b>E-Mail Address</b>
<hr/> <b>Mother's Name</b>	<hr/> <b>Contact No.</b>	<hr/> <b>E-Mail Address</b>
<b>Birthdate:</b> ____/____/____	<b>Age as of July 1st, 2010</b> ____	
Year / Month / Day		
<b>Medical Information</b>		
<hr/> <b>Health Card No.</b>	<hr/> <b>Version</b>	
<hr/> <b>Doctor's Name</b>	<hr/> <b>Phone No:</b>	
<p>Please indicate below if your child has any allergies or medical conditions which should be brought to the attention of the coaching staff: None</p>		
<hr/>		
<hr/>		
<b>In Case of emergency; Contact:</b>		
<hr/>		
<hr/>		
<b>Waiver</b>		
<p>I authorize my child's participation as a member of the MARNIK SPORTS All-Starz Basketball Association and give permission to have the coaching staff arrange for emergency care, including hospitalization, if necessary. Attempts will always be made to contact parents/ guardians, in an emergency situation requiring medical attention. I release MARNIK SPORTS Association, Ontario Basketball, Dufferin Peel School Board and Peel School Board from all claims arising from my child's participation in the program.</p>		
<hr/> <b>Parent/ Guardian Signature</b>	<hr/> <b>Date</b>	



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

<i>Program: Point Guard / Post Player Specialty Camps</i>					
Check Appropriate Boxes	Dates	Location	Ages	Time	Cost Per week
	July 5 - 9	St. Martin C.S.S	10-14 CO-ED	8:30am - 3:30pm	\$200.00
	July 12 - 16	St. Martin C.S.S	10-14 CO-ED	8:30am - 3:30pm	\$200.00
<i>Program: All Starz Elite Development Camp</i>					
Check Appropriate Boxes	Dates	Location	Ages	Time	Cost Per week
	July 19 - 23	St. Martin C.S.S	10-14 CO-ED	8:30am - 3:30pm	\$180.00

<i>Payment Info</i>					
Weeks	Cost	Discount (if applicable)	Total	Cash	Cheque
# 1					
# 2					
# 3					

Make Cheques Payable to: MARNIK SPORTS ASSOCIATION

<i>Reversible Shirt</i>					
Child Size			Adult		
L	XL		S	M	XL

Send Completed Application to:

MARNIK SPORTS ASSOCIATION  
208 RIDGE ROAD RR # 2  
ROCKWOOD, ONTARIO N0B 2K0