



# SBA BASKETBALL CAMP

25<sup>th</sup> – 27<sup>th</sup> January 2013

**JAMES HARGEST COLLEGE SENIOR CAMPUS**

9:00 am – 3:00 pm daily

## Coaching Staff



**PERO  
CAMERON**

*Ex Tall Black, NBL  
Coach, Asst Tall  
Black Coach, NZ  
U20 Men's Coach*



**PAUL  
HENARE**

*Ex Tall Black, NBL  
Coach, Asst Tall  
Black Coach, NZ  
U17 Men's Coach*



**RICHARD  
DICKEL**

*SBA  
Development  
Officer*

**All prospective 2013 rep players are strongly encouraged to attend**

- Registration is \$150 per player or \$275 for two siblings
- All players receive a camp t-shirt
- Please register your interest to the Southland Basketball office
- Places limited to 60 players



# SBA BASKETBALL CAMP

## REGISTRATION FORM

SBA BASKETBALL CAMP – JANUARY 2013				
NAME				
DOB		AGE	GENDER	Male / Female
ADDRESS				
PHONE		SCHOOL		
EMAIL				
T-SHIRT SIZE	<input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			

**Please send this form along with registration fee and consent form to:**

Southland Basketball Association  
Stadium Southland  
PO Box 224  
Invercargill 9840

[richard@basketballsouthland.co.nz](mailto:richard@basketballsouthland.co.nz)

**NOTE: ENTRIES ARE LIMITED SO PLEASE REGISTER  
EARLY TO SECURE YOUR SPOT AT THE CAMP**



# CAMPS & CLINICS CONSENT FORM

CHILD'S INFORMATION				
NAME				
DOB		AGE	GENDER	Male / Female
ADDRESS				
PHONE	SCHOOL			

PARENT / CAREGIVER INFORMATION				
NAME				
ADDRESS				
PHONE		MOBILE	WORK	
EMAIL				
RELATIONSHIP	<input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other (please specify)			

THOSE AUTHORISED TO COLLECT CHILD / EMERGENCY CONTACT				
NAME				
ADDRESS				
PHONE		MOBILE	WORK	
EMAIL				
RELATIONSHIP	<input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other (please specify)			
<b><i>My child/children will be advised that they are NOT to leave Stadium Southland unless in the care of an authorised person e.g. parent/caregiver</i></b>				

HEALTH INFORMATION
<p>Please list any medication your child requires and any allergies, illnesses or special needs your child has. If staff are required to administer medication please attach details to the enrolment form.</p>

***The following information must be completed by the above child's parent/caregiver:***

I agree to Southland Basketball collecting personal information. I have been advised that the information I provide will be used for: Player records, accounting purposes, seeking parent/guardian assistance with Southland Basketball activities. Photographs may be taken of coaching sessions and used on the Southland Basketball website and other promotional material.

*I accept that this information may later be used for statistical purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the office of Southland Basketball. I am aware of the rights to access to correction of this information.*

***I give my child permission to participate in this programme and I understand that my child participates at their own risk.***

SIGNED

Parent / Guardian