



# BOYS ON THE BALL SUPER CAMP

## Cairns Basketball Association

### REGISTRATION FORM

Name:			
Age:		DOB:	
Email:			
Guardian:	Name:		
	Contact:		
	Email:		
Does your child currently play at Cairns Basketball? YES NO			
If Yes which club ( <i>please circle</i> ): Timberwolves Redlynch Allstars Phoenix			
What school does your child currently attend?			
Times:	9 am to 2.30pm each day		

### MEDICAL HISTORY

Does your child have any pre-existing medical conditions: YES NO	
If Yes please state:	
Do you provide permission to allow photos to be taken of your child through this event? Yes No	

### PAYMENT METHOD

Credit Card Type:	VISA MASTERCARD
Card Holders Name:	
Credit Card Number:	____/____/____/____ Expiry Date: ____/____
Total Amount:	\$



### FRIDGE REMINDER

**Boys on the Ball  
Super Camp**

**Dates: Mod 30<sup>th</sup> Sept and Tue 1<sup>st</sup> Oct @ Cairns Basketball Stadium**