



# BASKETBALL HOLIDAY CAMP

**Wednesday 23 & Thursday 24 April**

**STADIUM SOUTHLAND**

**9:00 am – 3:00 pm**

**Ages 7 – 14 years**

**\$60 registration**

**SBA** PO Box 224, Invercargill 9840 **Phone** (03) 211 2254 **Fax** (03) 211 2250  
**Email** [kevin.braswell@basketballsouthland.co.nz](mailto:kevin.braswell@basketballsouthland.co.nz)



# CAMPS & CLINICS REGISTRATION & 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