



# CHBA HOLIDAY CAMP

*Learn some valuable basketball skills and have some fun with  
CHBA's Development Officers, Ashley Buis & Jerard Ajami*



**THERE WILL BE TOURNAMENT PLAY, SKILL  
COMPETITIONS & MUCH MORE!**

**Location: Sportz Central Stadium  
Bray Street. Coffs Harbour.**

**Dates: Tuesday 1st &  
Wednesday 2nd July**

**Time : 9:00am—3:30pm daily**

**Cost : \$40 per person per day**

**Ages : 5 yrs—13 yrs of age inclusive**

**ALL SKILL LEVELS WELCOME!**



**FUN & GAMES**

**PRIZES &**

**GIVEAWAYS!**



**For more information, please  
contact CHBA on:**

**6651 - 1452 or**

**[carlee@coffsharbourbasketball.com.au](mailto:carlee@coffsharbourbasketball.com.au)**

# CHBA HOLIDAY CAMP

COFFS HARBOUR BASKETBALL  
ASSOCIATION



## Sportz Central Stadium.

Bray Street. Coffs Harbour.

Tuesday 1st July 2014 &  
Wednesday 2nd July 2014

9:00am - 3:30pm daily  
5 -13 years - Boys & Girls

**Camp Directors - CHBA Development Officers,**  
**Ashley Buis & Jerard Ajami**

### PAYMENT OPTIONS

Enrolment's must be lodged by  
**Friday 27th June 2014.**

Limited spaces will be  
available on the day.  
\$40 per person per day

☐ **CASH**

☐ **EFTPOS**

☐ **CHEQUE**

Cheques to be made payable to  
Coffs Harbour Basketball  
Association

Enrolment forms to be returned  
to the CHBA office via email  
or in person

**HURRY!**  
**DON'T MISS**  
**OUT!!!**

### CHBA Holiday Camp - 1st & 2nd July- ENROLMENT

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

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical/health issues: \_\_\_\_\_

Do you consent to your child having their photo taken and used for publicity of the  
CHBA programs? (circle) YES NO

If necessary, I give permission for the person in charge to seek medical  
attention: (circle) YES NO

I HEREBY AUTHORISE THE STAFF OF COFFS HARBOUR BASKETBALL TO ACT FOR ME ACCORDING TO THEIR BEST JUDGE-  
MENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION, AND I HEARBY WAIVE AND RELEASE COFFS HARBOUR  
BASKETBALL & THE CAMP STAFF FROM ANY LIABILITY FOR ANY INJURY OR ILLNESS INCURRED WHILST AT THE CAMP. I  
HAVE NO KNOWLEDGE OR ANY PHYSICAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE ABOVE NAMED PERSON  
PARTICIPATING IN THE COFFS HARBOUR BASKETBALL CAMP. I ALSO UNDERSTAND THAT COFFS HARBOUR BASKETBALL  
RETAINS THE RIGHT TO USE FOR ANY PUBLICITY & ADVERTISING PURPOSES  
PHOTOGRAPHS OF PLAYERS TAKEN AT THE CAMP, AND RESERVES THE RIGHT NOT TO REFUND ANY CAMP FEES DUE TO  
THE PARTICIPANT NOT ATTENDING THE PROGRAM.

Parent/Guardian: \_\_\_\_\_  
(Please print name) (Signature) (Date)