

**B****L****U****E**

# SCHOOL HOLIDAY CLINICS

**Tuesday 8th, Wednesday  
9th and Thursday 10th July  
from 9am to 11am at  
Sportz Central.  
COME AND GET INVOLVED!**



Contact the CHBA office to book your spot in this great clinic.

Call: 6651 1452 or via email: [carlee@coffsharbourbasketball.com.au](mailto:carlee@coffsharbourbasketball.com.au)

**\$50 for the 3 day program includes a Blue Molten Basketball!!**

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

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

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

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

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

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

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

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

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

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 JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION, AND I HEREBY 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)

COFFS HARBOUR BASKETBALL  
ASSOCIATION

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