



CHBA REP Holiday Camp July 2017



This is a high-intensity holiday camp for all CHBA Representative players with each session conducted by CHBA's Development Officers Blake Kelly and members from our State

Location: Sportz Central

Stadium

Bray Street. Coffs Harbour.

Dates: Tues 11th & Wed 12th July 2017

Time : 9:00am—3:00pm

Cost : \$50 per person per day - or book in for both days upfront and only pay \$90

BOOK ONLINE VIA THE CHBA WEBSITE NOW!

Ages : U12's to U18's inclusive

ALL CHBA REP PLAYERS

League teams

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



For more information, please contact CHBA on:

6651 - 1452 or

kim@coffsharbourbasketball.com.au

CHBA Rep HOLIDAY CAMP

**COFFS HARBOUR BASKETBALL
ASSOCIATION**



Sportz Central Stadium.

Bray Street. Coffs Harbour.

Tues 11th & Wed 12th July 2017

9:00am - 3:00 pm

5 -18 years - Boys & Girls

**Camp Directors - CHBA Development Officers,
Blake Kelly, & members of the CHBA State League teams**



Day to attend:

☐ **Tues 11th July**

☐ **Wed 12th July**

☐ **Both days**

Limited spaces will be
available on the day.

**\$50 per person per day—
Discount of \$10 per person if
you register for both days
upfront!!**

PAYMENT OPTIONS

☐ **Online via CHBA website**
(preferred option)

☐ **CASH**

☐ **EFTPOS**

☐ **CHEQUE**

Cheques to be made payable to
Coffs Harbour Basketball

**Enrolment can be done online
via the CHBA website.
Alternatively you can drop them
in to the CHBA office via
email or in person**

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

CHBA Domestic Holiday Camp - 11th/12th 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 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 PUB-
LICITY &
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)