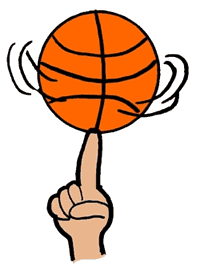
C:\Users\bolgerj\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\MKC1RICH\MC900445188[1].wmfC:\Users\bolgerj\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\6IB7NI9M\MC900445190[1].wmf**JOIN THE**

**LITTLE DRIBBLERS’ CLUB!**

This club is a new SBA initiative to help year 1 & 2 children develop an interest in basketball attending coaching over a six week period with SBA Development Officer Dan Peck.

**Dates:**

There will be six coaching sessions running from 4:00pm – 5:00pm on the following dates:

****Monday 12 October

Monday 19 October

(No little dribblers on Labour Day 26 October)

Monday 2 November

Monday 9 November

Monday 16 November

Monday 23 November

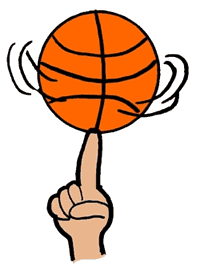
**Cost:**

$60 per child – club T-shirts provided

**Registration:**

Prior registration must be made through the Southland Basketball Association office at Stadium Southland.

Register by Wednesday October 7th to Diane @ diane@basketballsouthland.co.nz or 2112254 on the registration form attached making sure to include T-Shirt size

**LITTLE DRIBBLERS’ CLUB REGISTRATION**

**& CONSENT FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD’S INFORMATION** | | | | | |
| **NAME** |  |  |  | **T-SHIRT SIZE** |  |
| **DOB** |  | **AGE** |  | **GENDER** | Male / Female |
| **ADDRESS** |  | | | | |
| **PHONE** |  | **SCHOOL** |  | **YEAR / GROUP** | ❑ 1 ❑ 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARENT / CAREGIVER INFORMATION** | | | | | |
| **NAME** |  | | | | |
| **ADDRESS** |  | | | | |
| **PHONE** |  | **MOBILE** |  | **WORK** |  |
| **EMAIL** |  | | | | |
| **RELATIONSHIP** | ❑ Parent ❑ Caregiver ❑ Other *(please specify)* | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THOSE AUTHORISED TO COLLECT CHILD / EMERGENCY CONTACT** | | | | | |
| **NAME** |  | | | | |
| **ADDRESS** |  | | | | |
| **PHONE** |  | **MOBILE** |  | **WORK** |  |
| **EMAIL** |  | | | | |
| **RELATIONSHIP** | ❑ Parent ❑ Caregiver ❑ Other *(please specify)* | | | | |
| ***Children will be advised that they are NOT to leave ILT Stadium Southland unless in the care of an authorised person*** | | | | | |

|  |
| --- |
| **HEALTH INFORMATION** |
| *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.* |

|  |  |
| --- | --- |
| ***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* |