



CAMP 2009

Basketball Auckland is a non-profit organisation dedicated to creating a thriving basketball scene and community in the greater Auckland area. Our vision is to provide an outstanding basketball experience for all stakeholders associated with Basketball.

The Basketball Winter Camp is available to **girls** between the ages of 15 and 21 years. The programme is designed to suit all abilities and aims to improve individual performances and develop team skills while enjoying the game of basketball.



Camp Programme:

You will be coached on the following drills:

- Passing
- Shooting
- Dribbling
- Rebounding
- Individual Offence and Defence
- Team Offence and Defence
- Free Throw Shooting

Sessions will also include team games in various formats and competitions



Diocesan School for Girls

admin@basketballauckland.co.nz or 623 7651



5 Week Camp (including tournaments)

Date: Commences 17th October
Finishes 5th December

Dates & Time:	17 th Oct	11am to 5pm (check your age group time– 2 hours)
	31 st Oct	9am to 3pm
	7 Nov	9am to 5pm
	14 Nov	9am to 5pm
	5 Dec	9am to 3pm



Cost: \$65.00 (includes Basketball Auckland Camp Shirt)

The information requested in this part of the form is necessary to enable the scheme to be administered properly and safely.

COURSE INFORMATION

SPORT: BASKETBALL

VENUE: _____

DATE: _____

TIME: _____

COST: _____

YOUR CHILD'S DETAILS

NAME: _____

ADDRESS: _____

DOB: _____

Male: ☐ Female: ☐

SCHOOL: _____

YEAR: _____

CONTACT INFORMATION

(We ask for this to try and ensure the safety of your child during the Basketball Auckland Camps)

NAME OF PARENT/GUARDIAN/CAREGIVER: _____

DAYTIME PHONE: _____

WORK PHONE: _____

MOBILE: _____

EMAIL: _____

(I consent to my child participating in the above activity)

SIGNATURE: _____

DATE: _____

Photographs may be taken at BA Camps for use in promotional material. If you have any objections to the use of photographs please contact Admin at admin@basketballauckland.co.nz or ring Basketball Auckland on (09) 623 7651.

Does your child have any medical condition(s) which you think the coach should be made aware of? If so, please give details together with details of how, in your opinion, this may affect your child participating in the activity e.g. asthma or allergies:

Basketball Auckland is committed to the principle of access for all in its sporting activities. Completion of this part of the form is optional but the provision of this information will help us to monitor use and access to BA courses.

Do you consider your child to have a disability?

Yes: ☐ No: ☐

If yes, please give details of their impairment:

What is your child's ethnicity?

NZ European ☐ Maori ☐ Pacific Islander ☐

Asian ☐ Other ☐ (please specify)

PLEASE FILL OUT THIS FORM, CUT OFF AND RETURN TO BASKETBALL AUCKLAND.

BOOKINGS ARE ON A FIRST COME FIRST SERVED BASIS

Send this form and cheque made payable to "Basketball Auckland" to:

Basketball Auckland, P.O. Box 26599, Epsom, Auckland 1344 or deposit into the Basketball Auckland Account:

03-0149-0157321-00 under WINTERCAMP(your Childs full name)

The information provided on this form will be used by Basketball Auckland.

Please tick if you wish to see a copy of the Child Protection Policy ☐