



SCHOOL HOLIDAY SKILLS CAMP

Name:

Address:

Suburb: Post Code:

Phone: DOB:

Email:

Emergency Contact:

Medical Conditions:

I hereby give permission for my child(Insert name) to attend the Blackburn Vikings Basketball Association (BVBA) skills camp. I give permission for BVBA staff to seek any urgent medical attention that they deem necessary. I hereby waive and release BVBA of any and all liability for any injury, illness or loss incurred whilst at the camp. I give BVBA permission to use photos of my child for promotional use. I understand that should my child withdraw from the camp an administration fee will apply.

Signed: Parent / Guardian

Days Registering (Please tick)

- Monday, September 28 – 9:30am – 12:30pm
- Tuesday, September 29 – 9:30am – 12:30pm

Please include payment of \$30 per day or \$50 for both.

Payment method: Cheque / Cash / Credit Card

Name on Card

VISA / MASTERCARD ___ / ___ / ___ / ___ EXP ___ / ___

Please make cheques out to: Blackburn Vikings Basketball Association

To register or for more information please contact:

Paul Lankford
 Basketball Operations Manager
 Blackburn Vikings Basketball Association
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 Blackburn North 3130
 P: 0431 559 893
 E: bom@vikingsbasketball.net.au
 W: www.vikingsbasketball.net.au