TORONTO HOOPSTARS MARCH BREAK 2020 REGISTRATION FORM

PARTICIPANT INFORMATION	
Name	
Date of Birth	
Address	
Health/Nutrition/Allergy/Concerns	
PARENT/LEGAL GUARDIAN INFORMATION	
Name	
Email	
Phone Number	
EMERGENCY CONTACT INFORMATION	
Name	
Email	
Phone Number	
SESSION INFORMATION	
March Break Basketball Camp at Sam Chapman Public School - Please circle selected option(s)	
 Full Day Monday March 16th to Friday March 20th (9am - 4pm) Half Day Mornings Monday March 16th to Friday March 20th (9am - 12pm) Half Day Afternoons Monday March 16th to Friday March 20th (1pm - 4pm) Daily Drop-in Full Day: Monday / Tuesday/ Wednesday / Thursday / Friday (Please circle days) Daily Drop-in Half Day Morning: Monday / Tuesday/ Wednesday / Thursday / Friday (Please circle days) Daily Drop-in Half Day Afternoon: Monday / Tuesday/ Wednesday / Thursday / Friday (Please circle days) Before/After-care: Monday / Tuesday / Wednesday / Thursday / Friday (Please circle days) 	
Circle t-shirt size:	Circle t-shirt colour:
Youth: XS/S/M/L/XL Adult: XS/S/M/L/XL/2XL/3XL/4XL Ladies: XS/S/M/L/XL/2XL/3XL/4XL	1) White 2) Silver 3) Charcoal Grey 4) Carolina Blue 5) Royal Blue 6) Navy Blue 7) Black 8) Extreme Yellow 9) Gold 10) Purple 11) Lime Green 12) Kelly Green 13) Extreme Orange 14) Deep Orange 15) Extreme Pink 16) Forest Green 17) Maroon 18) Red
WEEKLY RATES: FULL Day \$300 plus HST (\$339) / HALF DAY \$200 plus HST (\$226) DAILY RATES: FULL Day Drop-in \$75 plus HST / HALF Day Drop-in \$50 plus HST / BEFORE/AFTER-CARE \$15 plus HST	

Sibling discount applies to 2 siblings or more (\$20 off per child) on WEEKLY RATES ONLY INTERAC e-Transfer can be sent to info@torontohoopstars.com using password HOOPSTARS. Cheque can be made payable to Toronto Hoopstars Basketball Club (contact info@torontohoopstars.com for cheque mailing

instructions).

Medical Waiver:

I advise that to the best of my knowledge, my child is in good health and is physically capable to participate in the Basketball Training Program offered by Toronto Hoopstars Basketball Club. In case of any emergency where we are not available for consultation, I hereby authorize Toronto Hoopstars Basketball Club to take whatever actions are deemed necessary for the safety and health of my child and give permission to the physician selected by Toronto Hoopstars Basketball Club to hospitalize and secure proper treatment including and not limited to injections, anesthetic and/or surgery. I have disclosed all pertinent medical information regarding my child and understand that my child's medical information may be shared with appropriate staff on an as needed basis.

Photo Release And Indemnity:

Please circle YES or

I authorize Toronto Hoopstars Basketball Club to take photos of my child during its training sessions to use for publicity and promotional purposes only (e.g. Toronto Hoopstars website, Instagram, Facebook).

NO

By signing below, I acknowledge that I have read, understand, and accept all that is des medical waiver, photo release, and refund policy.	cribed on the
Print Name:	
Signature:	
Date:	