PLAYER REGISTRATION FORM

PLAYER NAME:
DOB:AGE:Grade:
PARENT/GUARDIAN NAME:
ADDRESS: CITY:Province:
Postal Code:
CELL#Work:
EMERGENCY CONTACT:
Relationship:WORK #
CELL#WORK #
T Shirt Size:
Youth _ S _ M _ L _ XL Adult _ S _ M _ L _ XL _ XXL
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Is your child allergic to any medication and/or foods? YesNo If yes, please list:
Does your child require any special accommodations? If yes, please describe:
REGISTERING FOR (check all that apply):
Summer Camp 2024
July 15-19 (\$325) Ages 10-16
July 29 – Aug 2 (\$325) (Advanced/Elite camp) Ages 12-16 Competitive players only!
Aug 12-16 (\$325) Ages 10-16
Aug 26-30 (\$325) Preseason competitive tryout camp Ages 10-16
PARENT/GUARDIAN SIGNATURE:DATE:
DATE: Payment can only be made via e-transfer (info@goughbasketball.com) Please note: Both registration and payment must be received in order to register for our camp

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No refunds! No credits! No exchanges!