

PLAYER REGISTRATION FORM

PLAYER NAME: _____

DOB: _____ AGE: _____ Grade: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ Province: _____

Postal Code: _____

CELL# _____ Work: _____

EMERGENCY CONTACT: _____

Relationship: _____

CELL# _____ WORK # _____

T Shirt Size:

Youth __S __M __L __XL Adult __S __M __L __XL __XXL

Is your child allergic to any medication and/or foods? Yes _____ No _____

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 2-5 (\$275)) Ages 10-16

_____ 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: _____

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.
No refunds! No credits! No exchanges!