



TIMMINS HIGH & VOCATIONAL SCHOOL Summer Basketball Camp

For Boys and Girls Entering Grades 1 to 9



JULY 10th – JULY 14th

***Send registration information to:
Timmins High & Vocational School
c/o Peter Graham
PO Box 1020
Timmins, Ontario P4N 7H7***

5 TIME OFSAA CHAMPIONS

For more information please email – peter.graham@dsb1.ca or phone – (705) 360-3982



BY CHOICE HOTELS



TIMMINS HIGH BASKETBALL CAMPS APPLICATION

Please complete the entire page and return it with payment.

Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
Address: _____	Postal Code: _____	City: _____					
Home Tel: _____	Parent's Tel. Work: _____	Cell #: _____					
Age: _____	Health Card Number: _____						
Email: _____	Medical Problems? _____						
Name of school attending this fall: _____		Entering Grade: _____					
Jersey Size: <u>Youth:</u> small	med	large	<u>Adult:</u> S	M	L	XL	XXL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiver Agreement:

In consideration of the benefits expected to be derived from the admission of my child to the Timmins High Basketball Camps, I hereby remise, release and forever discharge the said camp, its servants and agents, members and participants, and parents of, and from any and all actions, claims and demands whatsoever in any way arising out of injury or illness of myself or my child, or loss or damage to property occurring during or as a result of anything done or left undone by the Timmins High Basketball Camps, or any of the other persons hereby released in conjunction with the operation of the sports camp or anything arranged by it to take place outside of its training premises. If, at any time, due to circumstances or sudden illness, medical treatment is necessary, this may be given. The above will enable a physician to give necessary treatment in the case of an emergency where parents cannot be reached. It is understood that every effort will be made to contact the parents. In signing the application, I hereby acknowledge that I have read and understand the conditions and certify that my child is in good physical health. I also understand that by registering for this event, I am giving the Timmins High Basketball Camp permission to use any photographs and/or video taken of the participants for publicity and promotional purposes if so desired.

Parent/Guardian Signature: _____ Date: _____

PLEASE CHECK THE APPROPRIATE BOXES

- No. 1 JUNIOR SAINTS DAY CAMP**
Entering Grades 1 to 3 8:30 am – 10am
_____ \$40 Deposit _____ \$80 Full Payment
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- No. 2 BOYS' AND GIRLS' DAY CAMP**
SEMI-PRO DIVISION
Entering Grades 4 to 6 10:30am – 4:00pm
_____ \$65 Deposit _____ \$150 Full Payment
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- No. 3 BOYS' AND GIRLS' DAY CAMP**
PRO DIVISION
Entering grades 7 to 9 10:30am – 4:00pm
_____ \$65 Deposit _____ \$150 Full Payment

Return To:

Timmins High & V.S.

c/o Peter Graham

PO Box 1020

Timmins, Ontario P4N 7H7

Make cheques payable to:

DSB Ontario North East – THVS Basketball

For more info:

Email: peter.graham@dsb1.ca

Phone: (705) 360-3982