



## REGISTRATION FORM

(BOYS & GIRLS MARCH-BREAK CAMPS)

### MARCH-BREAK CAMPS

Basketball clinics, practices and games for players 5-16 years of age.

- **\$100** for Half-Day Camp [ ] 9:00am-12:00noon
- **\$100** for Half-Day Camp [ ] 1:00pm-4:00pm
- **\$175** for Full-Day Camp [ ] 9:00am-4:00pm

• \$25 for extended hours, unlimited days, from 8am-9am and/or 4pm-5pm

• **Hartman Public School**  
**130 River Ridge Boulevard, Aurora, ON L4G 7T7**  
March 14th,15th,16th,17th,18th

• Alexander Muir Public School ? Alternate School, if required

Lead Instructors:

**Tom Ballantine, York University**  
**Lance Merraro, Centennial College**

Other Instructors:

**Christina Orsi, Western University**

### MARCH-BREAK CAMPS

Daily basketball camps consists of basic skills such as dribbling, passing, shooting, and ball handling to more competitive skills such as post moves, one-on-one moves, footwork, pivoting, screens, perimeter moves, court movement and spacing, man-to-man offense and defense, full court press, fastbreaks etc.

3-on-3 games, mini-games and mini-tournaments happen daily including the dribble, jump & shoot competitions and more.



• PLEASE CIRCLE and/or CHECK-OFF PROGRAM YOU WISH TO REGISTER FOR

NAME OF ATHLETE: \_\_\_\_\_ MALE: [ ] FEMALE: [ ]

PARENT'S NAME/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO.1: ( ) \_\_\_\_\_ - \_\_\_\_\_ PHONE NO.2: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMERGENCY NO.: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
DAY MONTH YEAR

HEALTH CARD NO.: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

### RELEASE AND WAIVER

I HEREBY GIVE MY CONSENT FOR THE ABOVE MENTIONED PLAYE TO PLAY BASKETBALL UNDER THE AUSPICES OF THE IEM BASKETBALL LEAGUE. I AND THE ABOVE MENTIONED PLAYER AGREE TO ABIDE BY THE RULES OF THE IEM BASKETBALL LEAGUE. I HEREBY ACKNOWLEDGE THAT BASKETBALL IS A PHYSICAL SPORT AND IN SO DOING I WILL NOT HOLD IEM BASKETBALL LEAGUE INC., ITS BOARD OF DIRECTORS, OFFICERS OR REPRESENTATIVES RESPONSIBLE FOR ANY INJURIES CAUSED TO A MEMBER ARISING OUT OF HIS/HER PARTICIPATION IN THE IEM BASKETBALL LEAGUE AND AGREE TO INDEMNIFY THE IEM BASKETBALL LEAGUE FOR ANY SUCH INJURY. I FURTHER ASSUME FULL RESPONSIBILITY FOR ANY DAMAGE CAUSED BY THE PLAYER TO ANY GYM PREMISES OR EQUIPMENT. I HEREBY GIVE MY CONSENT TO THE USE OF ANY PHOTOGRAPHS TAKEN OF THE ABOVE MENTIONED PLAYER, WHILE PLAYING BASKETBAL THE IEM BASKETBALL WEBSITE. I UNDERSTAND AND GIVE CONSENT TO HAVE THE ABOVE MENTIONED PLAYER MOVED BETWEEN TEAMS FOR BALANCING PURPOSES.

MY SIGNATURE ACKNOWLEDGES THAT I ACCEPT RESPONSIBILITY FOR THE FEES AND THAT I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE AND THE REFUND POLICY AS LISTED AT THE BOTTOM OF THIS DOCUMENT.

I CONFIRM THAT I HAVE READ THIS RELEASE AND WAIVER BEFORE SIGNING IT AND I UNDERSTAND THAT IT IS BINDING NOT ONLY ON ME AND THE PARTICIPANT BUT ALSO ON OUR HEIRS, EXECUTORS AND ASSIGNS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADULT PLAYER, PARENT OR GUARDIAN'S SIGNATURE

DAY MONTH YEAR

MAIL FORM (WITH PAYMENT) TO: I.E.M. BASKETBALL LEAGUE INC. 913 ATAIRE ROAD, NEWMARKET, ONTARIO L3X 1L3

OR CALL **905-836-6195** FOR ADDITIONAL INFORMATION

(RETURNED CHEQUES: \$25.00 SURCHARGE – REFUND CHARGE: \$25.00 – NO REFUNDS AFTER START OF CAMPS)