

Crossover Basketball Camp 2019 Registration Form

There are two options for payment.

1. ETransfer Payment

Please complete the following registration form and send an eTransfer to crossovercamp@hotmail.com. Please include the name of the camper(s) in your eTransfer. Once we have received **both** the eTransfer of funds (one etransfer is acceptable for multiple campers) and registration form (one registration per camper), you will receive a confirmation email.

2. Cheque Payment

Please complete the following registration form (below or see attached for paper copy) and send this along with your cheque, made payable to Crossover Basketball Camp. You will receive a confirmation email once both the registration and payment have been received.

Please send your registration/payment to:

Crossover Basketball Camp
119 Salem Place
London, ON
N6K 1T8

CANCELLATION POLICY: Please note our cancellation policy (All refunds are subject to a \$20.00 administration fee):

30 days prior to the start of the week of camp, a complete refund (less administration fee) is available. 8 to 30 days prior to the start of the week of camp, a 50% refund (less administration fee) is available. Registration fee is non-refundable if cancelled within 7 days of the reserved week of camp or thereafter.

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JR CAMP: July 8-12, 2019 @ OAKRIDGE Secondary School** - 8:30AM - 3:30PM

SR CAMP: July 8-12, 2019 @ BANTING Secondary School** - 8:30AM - 4:00PM

*Early Drop Off Available for SR Camp at 8:15AM.

**Schools are still tentative. Waiting for confirmation

Please fill out this form completely. One per camper.

☐ Sr Camp: July 8-12, 2019 (Grades 6-11 in Fall 2019)

☐ Yes, I plan to do the Early Drop Off for SR Camp at 8:15AM

☐ Jr Camp: July 8-12, 2019 (Grades 1-5 in Fall 2019)

Camper Information:

First Name:_____ Last Name:_____

Gender: _____ Age:_____ Grade (in September 2019):_____

Campers Health Card #: _____

Does the participant have any medical concerns which requires treatment and/or medication?

☐ Yes

☐ No

If yes, please include details of medical condition and/or treatment needed. Example: Asthma, inhaler:

Parent/Guardian Information:

First Name:_____ Last Name:_____

Relationship to Camper: _____ Home Phone #:_____

Home Address: _____

Cell#:_____ Work #:_____

Parent/Guardian Email: _____

Emergency Contact Information:

☐ Same as Above OR...

First Name:_____ Last Name:_____

Relationship to Camper: _____

Emergency Contact Phone #: _____

T Shirt Size:

- ☐ YOUTH Small
- ☐ YOUTH Medium
- ☐ YOUTH Large
- ☐ YOUTH XLarge
- ☐ ADULT Small
- ☐ ADULT Medium
- ☐ ADULT Large
- ☐ ADULT XLarge

I, the undersigned, submit that my son/daughter is physically fit to participate in strenuous athletic activity and, I waive and release Crossover Basketball Camp from any and all liability for any illness or injuries incurred while participating in the camp. I have no knowledge of any physical impairment that would be affected by the above named athletes participation in the camp. I authorize that the Directors act according to their best judgement in any emergency requiring medical attention. I hereby authorize the camp to use testimonials, photos, or video experts of the camper which may appear in the camp brochure or website.

☐ Yes ☐ No

Signature of Parent/Guardian: _____

Additional Comments:**Payment Method:**

- ☐ Cash ☐ Cheque ☐ Etransfer