

HOLIDAY BASKETBALL PROGRAMME

October 2017 (4th, 5th & 6th)

The Southland Shooters' Holiday Basketball Programme is on during the Term 3 school holidays, offering a fun development opportunity for girls and boys from years 3 – 10. The programme will be run by SBA Basketball Development Officer Dan Peck, along with local players and coaches from SBA and the SIT Zero Fees Southland Sharks.

Individual ability and age groups will be catered for wherever possible. Children are to bring a packed lunch and a drink bottle.

* Spaces are limited

YEARS 7 - 10

Date: Wednesday October 4th
Time: 9:00am – 3:00pm
Venue: ILT Stadium Southland
Registration: \$35 per child (\$60 for 2 siblings, \$85 for 3 siblings)

YEARS 3 - 6

Dates: Thursday October 5th, Friday October 6th
Time: 9:00am – 3:00pm
Venue: ILT Stadium Southland
Registration: \$60 per child (\$100 for 2 siblings, \$140 for 3 siblings)

Please send registration form along with fee to:

dan@basketballsouthland.co.nz

Internet banking details: 03-1750-0494294-00 (Child's name in Reference, "Holiday" in Code)

Or cash/cheque to:

Southland Basketball Association, Stadium Southland, PO Box 224, Invercargill 9840



HOLIDAY PROGRAMME REGISTRATION FORM

CHILD'S INFORMATION				
NAME				
DOB		AGE	GENDER	Male / Female
ADDRESS				
PHONE			SCHOOL	
SCHOOL YEAR (2017)	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

PARENT / CAREGIVER INFORMATION			
NAME			
ADDRESS			
PHONE	MOBILE	WORK	
EMAIL			
RELATIONSHIP	<input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other (please specify)		

THOSE AUTHORISED TO COLLECT CHILD / EMERGENCY CONTACT	
NAME	
ADDRESS	
PHONE	MOBILE WORK
EMAIL	
RELATIONSHIP	<input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other (please specify)
<input type="checkbox"/> My child/children will be advised that they are NOT to leave Stadium Southland unless in the care of an authorised person e.g. parent/caregiver	<input type="checkbox"/> I give my permission for my child(ren) to leave the stadium unaccompanied after the clinic has been completed on each day

HEALTH INFORMATION
Please list any medication your child requires and any allergies, illnesses or special needs your child has. If staff are required to administer medication please attach details to the enrolment form. If it requires some explaining then please come in on a day prior to the clinic to explain the procedure to our staff.

The following information must be completed by the above child's parent/caregiver:

I agree to Southland Basketball collecting personal information. I have been advised that the information I provide will be used for: Player records, accounting purposes, seeking parent/guardian assistance with Southland Basketball activities. Photographs may be taken of coaching sessions and used on the Southland Basketball website and other promotional material.

I accept that this information may later be used for statistical purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the office of Southland Basketball. I am aware of the rights to access to correction of this information.

I give my child permission to participate in this programme and I understand that my child participates at their own risk.

SIGNED

Parent / Guardian