



CAMBRIDGE BASKETBALL 2008-2009 REGISTRATION FORM

(PLEASE PRINT CLEARLY. COMPLETE ENTIRE FORM.)

Name _____ Sex: ___ M ___ F

Address _____

City/Town _____ Postal Code _____ Home Phone _____

Birth Date: Mo _____ Dy _____ Yr _____ Age _____

School _____ Grade _____ New Member ___ Yes ___ No

CONTACT PERSON *(In case of an emergency. Different phone number than above.)*

Name _____ Relationship: _____ Phone No: _____

VOLUNTEERS NEEDED - WE NEED YOUR HELP.

As Cambridge Basketball continues to grow, we will require more volunteers. I would like to help as a:

Coach Assistant Coach Occasional Help Company Sponsor

Name: _____ Home Phone _____ Bus. Phone _____

COST: Small Ball (2001-02)\$ 60 per player
 Boys Novice ('99-'00) & Atom ('97-'98)\$ 75 per player
 Boys House League ('93-'96)\$ 75 per player
 Girls Youth Program ('96-2000)\$ 75 per player

Cost includes basketball and shirt.

Late Fee: add \$5 (after Oct. 10th). A \$10 Administration Fee will be applied for any refunds.

Registrations will be accepted on a first-come, first-serve basis. Space is limited.

REGISTRATION at GALT (SHADE ST) ARENA

Friday, Sept. 19th from 6 – 8:30 pm & Saturday, Sept. 20th from 10 am – 2 pm

Make cheque payable to: CAMBRIDGE BASKETBALL

Personal information contained on this form is collected pursuant to the Privacy Act and will be used for the purpose of Basketball registration only. I, as parent or guardian of the above-named participant, do hereby release from all liability the Cambridge Basketball Committee, including coaches and volunteers working on behalf of said Committees and representatives for any injuries, illnesses, or other mishaps that may occur by the above-named participant in Cambridge Basketball for the current season. In the event the participant should become ill, I authorize medical treatment that may be required and will assume full financial responsibility for said treatment. I also authorize that I/my child may be photographed for the purpose of public relations/marketing materials produced by the Organization. NOTE : **Registration Receipts will be issued at time of Registration ONLY!!!**

Parent or Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

| Amount | Cash | Chq | Received by | Date | Reg Log No | Division |
|--------|------|-----|-------------|------|------------|----------|
| \$ | | | | | | |

For Child Fitness Tax Credit, please complete the form below (Your name/Rec'd From, Child's Name and DOB) and it will be authorized by Cambridge Basketball at registration.

CAMBRIDGE BASKETBALL

P.O. Box 22042, RPO Water St, Cambridge, Ont. N1R 8E3
(519) 624-4550

September _____ 2008

Received from _____

_____ XX/100 Dollars

_____ Cambridge Basketball 2008-2009 Registration Fee _____

Child's Name : _____ DOB : _____

\$ _____ NO : _____

Authorized By : _____