



86 Elizabeth Way SE Airdrie, AB T4B 2H6 Phone: 403 617-7811 Fax: 403 912-4484 info@3ptsports.ca

Participant's Name: _____ Birth Date: _____ Gender: Male / Female

Address: _____ City: _____ Province: _____

Postal Code: _____ Day Time Phone #: _____ Alternate Phone #: _____

AB Health: _____ Email: _____

May your child leave without you or with any other person : Yes / No Name of the person: _____

Are there any medical conditions we need to know about: Yes / No Explain: _____

May we (3pt Sports) photograph your child for promotional purposes: Yes / No

Summer Camps (x select camp)				
<input type="checkbox"/>	Lake Bonavista Com. Centre (SE)	July 12-16, 2010	Ages 8-10 yrs	9:00 am - 12:00 pm *\$130.00
<input type="checkbox"/>	Lake Bonavista Com. Center (SE)	July 12-16, 2010	Ages 11-14 yrs	1:00 pm - 4:00 pm *\$130.00
<input type="checkbox"/>	Spray Lake Sawmills (Cochrane)	July 19-23, 2010	Ages 8-10 yrs	9:00 am - 12:00 pm *\$130.00
<input type="checkbox"/>	Spray Lake Sawmills (Cochrane)	July 19-23, 2010	Ages 11-14 yrs	1:00 pm - 4:00 pm *\$130.00
<input type="checkbox"/>	Genesis Place (Airdrie)	Aug 16-20, 2010	Ages 8-10 yrs	1:00 pm - 4:00 pm *\$130.00
<input type="checkbox"/>	Genesis Place (Airdrie)	Aug 16-20, 2010	Ages 11-14 yrs	9:00 am - 12:00 pm *\$130.00
*Register before June 7th, 2010 @ \$115.00 per child				
Partnership Programs				
<input type="checkbox"/>	*St. Joan of Arc School (SW)	July 19-23, 2010	Ages 8-14 yrs	see \$130.00
<input type="checkbox"/>	*St. Joan of Arc School (SW)	July 26-30, 2010	Ages 8-14 yrs	www.westhillssport.ca \$130.00
<input type="checkbox"/>	*St. Joan of Arc School (SW)	Aug 9-13, 2010	Ages 8-14 yrs	for full program \$130.00
<input type="checkbox"/>	*St. Joan of Arc School (SW)	Aug 16-20, 2010	Ages 8-14 yrs	details \$130.00
*3pt Sports in partnership with South West Calgary Community Associations. Must register at www.westhillssports.ca				

How did you hear about our program:

- | | | |
|--|--|--|
| <input type="checkbox"/> NSD Program / Coach | <input type="checkbox"/> Email Update | <input type="checkbox"/> Community Newsletter Community: _____ |
| <input type="checkbox"/> Basketball Alberta Website | <input type="checkbox"/> Coach or Parent | <input type="checkbox"/> School Flyer / Newsletter School: _____ |
| <input type="checkbox"/> Cochrane Community Resource Guide | <input type="checkbox"/> Poster | <input type="checkbox"/> Other Explain: _____ |

Waiver Form:

Please read carefully and sign. The applicant understands and agrees that there is risk involved in any athletic activity and agrees that 3pt Sports and/or its proprietors will not be held responsible for any accident, injury or loss however caused. The applicant also agrees to release the proprietor from all claims that may arise as a result of or reason of, such and accident or loss. We (3pt Sports) reserve the right to request any participant to withdraw from the program prior to its completion if the applicant is not acting in an appropriate manner or without regard to safety of staff, other participants or for themselves.

Parent / Guardian Name: _____

Date: _____ Signature: _____

Please Select Payment Option:

- Cheque Master Card Visa Amount: _____ Card Number: _____ Expire Date: _____