



---

# Blazers Basketball Camp Registration

Camper Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_

Camper Grade (next year): \_\_\_\_\_

T-shirt Size: Youth S M L Adult: S M

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_ Phone Emergency \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Make Cheques payable to : Bathurst Minor Basketball

Superior Middle School cc. David Chaisson  
560 Duke Street  
Bathurst New Brunswick  
E2A 2X5

As a parent, I will not hold the instructors nor the school district responsible of any injuries to my child incurred during the normal performance related to camp training. I permit photos of my child to be posted on BMBA websites.

---

Parent's / Guardians Signature