



# Gino's Co-Ed Spring

# Basketball League

**Ages 7 -14 years ... Gino Cundari, Lead Coach**

*Skills Taught Weekly / Games Played Weekly*

**Cost: \$150 + \$20 for Reversible ABC Basketball Jersey**

*We offer **Fall, Winter, & Spring leagues** as well as **Half-Day Summer camps***

Location/Date	Duration	Divisions	Time
<b>Dr. G.W. Williams S.S., Aurora</b> Tuesday, March 27 to Tuesday, May 15	8 weeks	7 - 9 yrs	6:30 - 7:45 pm
<b>Dr. G.W. Williams S.S., Aurora</b> Wednesday, March 28 to Wednesday, May 16	8 weeks	9 - 12 yrs/12 - 14 yrs	6:30 - 8:00 pm

- **Dr. G.W. Williams S.S., Aurora:** 39 Dunning Avenue (just east of Yonge and south of Wellington. Landmark: The plaza on the southeast corner of Yonge & Dunning that houses the TD Bank)

### Send Application Form to:

GINO CUNDARI • 17 Twelve Oaks Drive • Aurora, Ontario • L4G 6J6 • 905-841-6875

### REGISTRATION FORM (Spring 2018)

If mailing in registration, please call first (905-841-6875) to ensure that your spot is held for you.

Name of Athlete \_\_\_\_\_

Phone # \_\_\_\_\_

Parent's Name \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City/Town \_\_\_\_\_

Age \_\_\_\_\_

Postal Code \_\_\_\_\_

School \_\_\_\_\_

Email \_\_\_\_\_

Allergies \_\_\_\_\_

I hereby voluntarily agree to assume all risk and/or expense arising from any accident and/or loss occurring while my child is participating in the above-mentioned camp. I hereby agree to waive any and all rights of recovery – regardless of fault against the camp's proprietors. I hereby agree to authorize you to arrange for medical treatment if I cannot be reached. I hereby give my consent for my child to participate in the camp, and certify that I have read and understood the foregoing provisions. We are not responsible for lost or stolen articles.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Check preferred sessions:**

Dr. G.W. Williams (Tuesdays)

Dr. G.W. Williams (Wednesdays)