

Co-Ed Winter 2019

# Basketball League

**Ages 7-15 years ... Gino Cundari, Lead Coach**

*Skills Taught Weekly / League Games Played Weekly*

**Cost: \$160**

The cost of the jersey (\$22.00) needs to be purchased for first-time players only.

Location/Date (date to be confirmed)	Duration	Divisions	Time
<b>WEEKNIGHTS:</b>			
<b>Dr. G.W. Williams S.S., Aurora</b> Beginning mid-January 2019 (Wednesday)	10 weeks	9-11/12-14 yrs	6:30 - 8:00 pm
<b>Dr. G.W. Williams S.S., Aurora</b> Beginning mid-January 2019 (Tuesday)	10 weeks	7 - 9 yrs	6:30 - 7:45 pm
<b>St. Maximillian Kolbe C.H.S.</b> Beginning mid-January 2019 (Tuesday)	10 weeks	13 - 15 yrs	6:30 - 8:00 pm

**Dr. G.W. Williams S.S., Aurora:** 39 Dunning Avenue (east side of Yonge, 5-minute drive south of Wellington)

**Send This Form to:**

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

## REGISTRATION FORM (Winter 2019)

**\*\*\*\*\* 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 \_\_\_\_\_

School Attended \_\_\_\_\_

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

Age \_\_\_\_\_

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

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. Williams  
Tue age 7-9

Dr. Williams  
Wed age 9-11/12-14

St. Max. Kolbe CHS  
Tue age 13-15