



2010 OCEANAGOLD OCTOBER SCHOOL HOLIDAY CAMP

The main aim of these camps is to offer the teaching of basketball skills to children and to enhance their understanding and enjoyment of the game. We offer this fun filled, educational two day programmes at The Edgar Centre, which offers a modern well-equipped facility for the children. These camps will be run by our current Oceana Gold Rush Players.

OCEANAGOLD RUSH CHILDRENS HOLIDAY CAMP DATES:

Camp 1: *Tuesday & Wednesday 5th & 6th October, 2010 (2 day camp)*

Camp 2: *Thursday & Friday 7th & 8th October, 2010 (2 day camp)*

Times: 9 am – 3 pm **Aged 8-13 years old**

Limited Entries: Past camps for this period have been heavy so if you wish to be included – please register as soon as possible.

Costs for these 2 day camps are \$80.00 per child or \$130.00 for 2 children from the same family.

Please fill in the attached application form and send with payment by email to operations@basketballotago.co.nz, fax 456 4053 or send to P.O.Box 2299, Dunedin. For further information, please call Basketball Otago on 456 4063.

Payment can be made by Cash, cheque (written out to Basketball Otago) or by internet banking.

If paying by internet banking, please make it to the following account: Please also note Basketball Otago has changed their bank recently and our new account number is listed below.

Name of Account: Basketball Otago

Account: National Bank 06 0901 0385374-04

Please include the child's name and words 'Holiday Camp' in the reference:

2010 OCEANAGOLD OCTOBER SCHOOL HOLIDAY CAMP ENROLMENT FORM

First Name:		Surname:	
Sex: FEMALE / MALE (please circle)		DOB: /...../.....	
Address:		Email Address:	
Contact People/Phone No (1):		Contact People/Phone No (2):	
School\:			
ANY MEDICAL CONDITIONS / MEDICATION REQUIREMENTS			
Camp 1:	Tuesday & Wednesday 5th & 6th October, 2010	Camp 1:	
Camp 2:	Thursday & Friday 7th & 8th October, , 2010	Camp 2:	

Please place a tick beside the camp/s your child/ren would like to enrol for. This form needs to be completed even if your child has attended previous camps.

The following information must be completed by the above child's parent/guardian:

Mother's Full name:		Mothers Occupation/Company:	
Fathers Full Name:		Fathers Occupation/Company:	
Guardian's Full Name:		Guardians Occupation/Company:	
Parents/Guardian's Email:			
Mobile Ph			
Daytime Ph:			
Evening Ph:			

I agree to Basketball Otago collecting personal information. I have been advised that the information I provide will be used for:

1. Players records
2. Accounting purposes
3. Communication with sponsors for special offers for Basketball Otago members
4. Communication with BBNZ
5. Seeking parents/guardians assistance with Basketball Otago activities
6. Photographs may be taken of coaching sessions and used on the Basketball Otago website and other promotional material.

I accept that this information may later be used for statistical and /or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the offices of Otago Basketball, I am aware of the rights of access to correction of this information

I give my child permission to participate in Holiday Programme and I understand that my child participates at their own risks.

Parent/Guardian Signature:

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