



**VIRGINIA COLLEGE AUGUST 8TH TO 11TH 10:30AM TO 4PM EACH DAY
REGISTRATION FORM.**

FIRST NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

GUARDIAN NAME: _____

EMAIL: _____

EMERGENCY CONTACT NUMBER: _____

ANY MEDICAL ISSUES OR SPECIAL DEITARY REQUIREMENTS?

Basketball Academy will operate to the highest standards but it cannot be held liable or responsible for damages, injuries or loss of possessions and parents/guardians are advised to obtain personal insurance for these occurences. We advise valuable items to be left at home. - Misbehaviour will result in the participant being suspended from the camp; no refund will be given.

GUARDIAN CONSENT.

SIGNATURE: _____

€65 FEE CAN BE PAID ON FIRST DAY OF CAMP ON PRESENTATION OF THIS FORM.