



# SAINT MARY'S UNIVERSITY JR HUSKIES BASKETBALL IN-SERVICE BASKETBALL CAMPS

### Check the camp you want to attend:

- Monday, February 19, 2018..... 9:00am - 4:00pm - Cost: \$45 ~
- Friday, March 9, 2018..... 9:00am - 4:00pm - Cost: \$45 ~
- Thursday, April 19, 2018..... 9:00am - 4:00pm - Cost: \$45 ~
- Friday, May 18, 2018..... 9:00am - 4:00pm - Cost: \$45 ~
- Thursday, June 28, 2018 ..... 9:00am - 4:00pm - Cost: \$45 ~

Open to Boys and Girls: ages 6 - 12

### Head Coaches:

Jonah Taussig, Head Coach and Scott Munro, Head Coach  
and members of the Women's and Men's Varsity Teams

Supervised lunch (bring your own) Limited numbers. No discounts.  
Drop off: 8:00 - 9:00am ~ Pick up: 4:00 - 5:00pm

For more info: [jonah.taussig@smu.ca](mailto:jonah.taussig@smu.ca)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ D.O.B.: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Email: \_\_\_\_\_

### If paying by credit card:

VISA \_\_ MasterCard \_\_ American Express \_\_  
Name of Cardholder: \_\_\_\_\_ Card Number: \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_

Return form to: Saint Mary's University, Athletics Dept., Basketball Clinic, Halifax, NS B3H 3C3  
Homburg Centre Service Desk: (902) 420-5555 FAX: (902) 420-5844

### PARENTAL CONSENT

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in camp recreational and classroom activities. These types of injuries may be minor or serious and may result from the camper's actions, or the actions or interactions of others, or a combination of both. I understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities.

I hereby agree that Saint Mary's University, its staff, faculty and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities. I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the camper to participate knowing and acknowledging all of the foregoing.

For office use only:

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

\_\_\_\_\_  
Date

Payment Method: \_\_\_\_\_