



ROCKINGHAM FLAMES HOLIDAY CAMP



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| Player's Name: | | | |
| Player's Age: | | Player's Gender: | |
| Email Address: | | | |
| Shirt Size: | | School Grade: | |
| School Name: | | | |
| Emergency Contact Name: | | | |
| Emergency Contact Number: | | | |
| Medical Information: | | | |
| Please circle which camp player will be attending | | | |
| 3 Day Junior Camp 3 Day WABL Skills Camp Elite Girls Day Camp | | | |
| Payment is to be made to the below account ACC #: 147244826 BSB: 633 000 Name: RBRA Description: Players first name, last intial and Camp (ie JohnSCamp) | | | |
| Message for the Coaches: | | | |
| I, _____, parent/guardian of _____, give permission and assume all resposnibilty for any risks involved in the participation of the above mentioned player in the Rockingham Flames Holiday Camp. The Rockingham Flames may, at their discretion, take and use photos and videos of the above mentioned player. | | | |
| Signature: | | Date: | |