

# BASKETBALL CAMP



23<sup>rd</sup> -25<sup>th</sup> August 2010

**JUST £10**  
per day

(Register for full camp before  
13<sup>th</sup> August for discount)

**For Boys & Girls**  
**Ages 8-18**

**10am-3pm**  
**EACH DAY**

**GAMES & PRIZES!**



**Venue:**  
Grace Academy  
Wigston Road  
Coventry CV2 2RH



**www.crusaders.co.uk**

02476 811759

## CRUSADERS BASKETBALL CONSENT FORM

I am enclosing ..... payment for ..... days  
**Full Camp: £30** (£27 if before 13<sup>th</sup> August or £24 if Crusader member)  
**Per Day: £10** (or £8.50 if Crusader member).  
**Planning to attend: Monday**  **Tuesday**  **Wednesday**

PLEASE MAKE CHEQUE PAYABLE TO **CRUSADER FOUNDATION**  
AND SEND FORM TO:  
COOK STREET GATE, COOK STREET, COVENTRY CV1 1PH

Name of young person: .....  
Date of birth: ..... / ..... / .....  
Address: .....

Details of any medical problem or disability, which may affect them in  
this activity: .....

Names of parents/carers: .....

Contact telephone Numbers:  
Day: ..... Evening: .....  
Mobile: .....  
Email: .....

I do / do not give permission for my child to be photographed or video  
recorded.

I give permission for ..... to take part in this camp. I  
understand camp staff will take all reasonable care of my child but can-  
not be held responsible for any loss, damage or injury suffered. In an  
emergency and/or if I am not contactable, I am willing for my child to  
receive necessary hospital or dental treatment including an anaesthetic.

Signed: ..... Date: .....  
(Parent or adult with responsibility)