



DeMar DeRozan **BASKETBALL CAMP**

OVERVIEW:

The Langley Events Centre is proud to welcome three time NBA All-Star and Toronto Raptor's guard DeMar DeRozan to our facility. Over four days DeMar and other coaches will run a skill based camp, focused on player development. Players will be placed in small age based groups to ensure that each participant is provided the opportunity to excel. Our camp will take place both inside and outside. Each camper will receive a DeMar DeRozan/Nike camp t-shirt, autograph, and photo with the Raptor's star. Please ensure your child brings a lunch and water bottle each day.

PLEASE NOTE SPACE IS LIMITED.

DATES:

August 8-11, 2017 (Tuesday to Friday)

AGES:

Boys and Girls, 6 to 16

TIMES:

9:00am to 3:00pm daily

LOCATION:

Langley Events Centre - 7888 - 200 Street, Langley BC

COST:

\$375 (taxes included)

If you have any questions, please contact Christina Brown cbrown@langleyeventscentre.com or call 604.455.8831.

Sincerely,
Ten Feet Sports and Entertainment Staff

PLEASE SEND COMPLETED REGISTRATION PACKAGE TO:

Langley Events Centre
7888 - 200 Street Langley, BC V2Y 3J4
Phone: 604.882.8800 Fax: 604.882.8877
Email: registration@langleyeventscentre.com





This form must be completed for each participant. Please print clearly or complete interactive PDF form.

Participant's First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Day): _____ Telephone (Evening): _____

Email Address: _____

Age: _____ Male Female

METHOD OF PAYMENT *(if paying via Credit Card, please provide info as seen below):*

Cheque* Cash Credit Card Debit

** Payable to Ten Feet Sports and Entertainment Ltd., 7888 - 200 Street, Langley, BC V2Y 3J4. NSF Cheques will result in a \$25 fee per payment.*

I hereby authorize Ten Feet Sports and Entertainment Ltd. to charge the credit card listed below.

I have the authority to use this card. Amount charged will be \$375.

Type of Credit Card *(Please indicate one):* Visa Amex Mastercard

Name of Cardholder: _____

Credit Card Number: _____

Expiry Date *(Month/Year):* _____

Signature of Cardholder: _____

Date: _____

Please send completed registration package to:

Langley Events Centre, 7888 - 200 Street Langley, BC V2Y 3J4, Phone: 604.882.8800, Fax: 604.882.8877, Email: registration@langleyeventscentre.com



MEDICAL INFORMATION

Participant's First Name: _____ Last Name: _____

Doctor's Name: _____ Phone Number: _____

Care Card No: _____ Dependent No: _____

Please answer the following in detail:

1. Have any medical conditions? (e.g. Asthma)

2. Take any medication; include type, dosage, times of self-medication?

3. Have any allergies; include those to food, medication, and environment?

4. Have any limitatons as a result of the above that would mean the child could not participate in activities?

5. Have any fears that leaders should be aware of; like water, bees?

6. Please list any family information or special instructions that the instructor should be aware of:

7. Please list any other comments or concerns you may have:

IN CASE OF EMERGENCY, PLEASE CONTACT:

Parent/Guardian/Other Name & Relationship: _____

Home Phone: _____ Emergency Phone: _____

PICK UP AUTHORIZATION:

I, hereby, authorize the following people to pick up my child, _____, at the program location in the event I am unable to and have contacted the facility prior to pick up.

Name: _____ Phone: _____

PARENTAL CONSENT:

Your child will be involved in a number of activities by participating in this program. While the program is supervised by trained staff, there is still the risk of injury. Knowing the activity and the risk involved, you freely allow the participation of your child in the program. I, hereby give permission for my child, _____, to participate in the DeMar DeRozan Basketball Camp.

MEDICAL RELEASE:

In the event that my child, _____, is injured, ill or in need of medical attention, I authorize the Langley Events Centre staff to administer first aid, and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond.

Signature: _____ Date: _____