



WED NITE HOOPS

WedNiteHoops/Robert Stodgell

I, _____, (parent and/or legal guardian) enroll

(Student's Name)

in the WedNiteHoops program at Upper Canada College in the Fall of 2015.

Further, I give my full and unconditional permission for him to participate in a WedNiteHoops basketball program at UCC on the following Wednesday nights starting September 9th, 2015 to November 25th, 2015 (12 weeks unless otherwise notified) and agree to hold harmless Robert Stodgell, the instructors, other attendees, and or any other person or institution.

_____ I would like to enroll my son and will provide payment of \$300 on or before September 9th, 2015.

Please note that the early session for boys from JK to Grade 7 will start sharply at 6.30pm and go to 7.45pm. The late session will go from 7.45pm to 9pm for boys in Grade 8 to 12.

Please make cheques payable to Wed Nite Hoops. No refunds will be available after September 9th, 2015

Parent/Guardian Signature

Print Name

Date

Email

Emergency Phone Number

Grade Level (Fall 2015)