



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 Winter of 2016.

Further, I give my full and unconditional permission for him to participate in a WedNiteHoops basketball program at UCC on the following dates **January 6th, 13th, 20th, 27th, February 3th, (NO SESSION Feb 10th) 17th , 24th and March 2th** 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 my payment of \$180 is enclosed.

Please note that the early session will start at 6.30pm and go to 7.45pm. The late session will go from 7.45pm to 9pm.

Please make cheques payable to Wed Nite Hoops. No refunds will be available after January 6th, 2016.

Signature

Print Name

Date

Email

Emergency Phone Number

Grade Level