



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 Spring 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 April 6th, 13th, 20th, 27th, May 4th, 11th and 18th 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 , for boys up to grade 7, will start at 6.30pm and go to 7.45pm. The late session , for boys greade 8 and higher, will go from 7.45pm to 9pm.

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

Signature

Print Name

Date

Email

Emergency Phone Number

Grade Level