



# WED NITE HOOPS

WedNiteHoops/Jack Stodgell

I, \_\_\_\_\_, (parent and/or legal guardian) enroll

---

(Student's Name)

in the WedNiteHoops program at Upper Canada College in the Fall of 2017.

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 13<sup>th</sup>, 2017 to November 29<sup>th</sup>, 2017 (12 weeks unless otherwise notified) and agree to hold harmless Jack Stodgell, 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 \$350 on or before September 13<sup>th</sup>, 2017.

**Please note that the early session for boys from JK to Grade 6 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 7 to 12.**

**Please make etransfer out to [jack.stodgell@gmail.com](mailto:jack.stodgell@gmail.com) or cheques payable to Wed Nite Hoops. No refunds will be available after September 13<sup>th</sup>, 2017**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Grade Level (Fall 2017)