

YOUNGSTERS BASKETBALL ACADEMY Basketball Camp Registration Form



(1) Oct 28-29, 2017 & (2) Dec 9-10, 2017 (Sat-Sun) Time: 1:30pm-4:30pm

姓名(中)		I/C No.				
Last name		First Name	•			
Home Address						
Email Address				T-shirt si:	ze:	
Gender	Male / Female (please circle)	Date of Bir	rth			
Home Phone		Mobile Phone				
My Child has permission to participate in the Youngsters Basketball Academy and that my child is in good health to be able to compete in all actitivities. In case of any injury or illness to my child, I permit my child to be given medical treatment on my behalf and hereby release the Academy from any liability should my child be injured during the course of the program. Name of Parent/Guardian: Signature & Date: Mobile No.:						
OFFICIAL USE (DNLY	Date :	(1) (2)	Oct 28-29, 2017 Dec 9-10, 2017	(Sat-Sun) (Sat-Sun)	
YBA Signature			Age 8-15 Registration fees Camp fees		(for each camp)	RM30 RM150
Note : Registration form is not complete unless the medical release is signed.						

Registration Venue: Contact person: Lim PG 012-581 8390 Youngsters Basketball Club

Lim KH 012-482 6468 42, Jalan Thomas, 11700 Penang. Loh CL 012-421 6219

Note: Payment is due in FULL with Registration form. Cash or Cheque payable to "Youngsters Basketball Team (1934)". RHB Bank : 20701900033216















