



THANKSGIVING BASKETBALL CAMP

DATE: Friday, Nov 27th and Saturday, Nov 28th

LOCATION: SAS Elementary Gym

COST: \$150 (\$165 for non-SACAC member)

(Cash, Nets or Check...payable to "SACAC")

NOTE: 10% discount if you sign up before 12noon, Monday, November 16(Net price is \$135)

Session 1: 6-9 yrs old: 8:30am – 12:00noon Session 2: 10-13 yrs old: 1:00pm – 4:30pm

- **FREE CAMP BASKETBALLS FOR THE FIRST 50 REGISTRANTS!**
- **Free camp T-shirt for ALL campers**
- **Fundamentals stations for skills development and improvement**
- **Shooting competitions, skills competitions & team scrimmaging**

Please register the following attendee for(circle one): Session 1 Session 2

PLAYER'S FIRST NAME: _____ **LAST NAME:** _____

MALE / FEMALE AGE: _____ **GRADE:** _____ **SCHOOL:** _____

BIRTH: (D)_____ (M)_____ (Y)_____ MOBILE PH: _____ **HOME PH:** _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ **EMERGENCY CONTACT NUMBER:** _____

SPORTS WAIVER: I hereby agree to allow my son/daughter to participate in the Uncle Ecky /SACAC basketball camp and will not hold Uncle Ecky, SACAC, Singapore American School, their respective staff and employees, the members of the SACAC board, or the coaches liable for any loss or damage to property, or personal injury or death that may occur before, during or after the sports program. My son/daughter and I are fully aware of the risks inherent in and associated with the sports program, and with the particular activities in the sports program which my son/daughter wishes to undertake, and I confirm that my son/daughter is a willing participant despite such risks. Uncle Ecky and SACAC does not carry individual liability and accident insurance for any of the participants and, therefore, requires that I assume full medical and financial responsibility. In the event of my absence, I hereby authorize the coach(es) to sign for and to consent to on my behalf, any medical treatment that may be deemed necessary.

PARENTS' NAME: _____

Parent/Guardian Signature: _____ **Date:** _____

PAYMENT INFORMATION:

CASH _____ NETS REF # _____ CHECK # _____
(make check payable to "SACAC")



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