

Emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

T-Shirt Size (check one):

- Youth Small
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult Extra Large

Parental Consent

I give my son/daughter permission to participate in all of the Back to School Basketball activities for the duration of his/her registration period.

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

\_\_\_\_\_  
Date

Please return this form along with your cheque made payable to Kevin Boyle.



Selwyn House School  
95, Chemin Côte St-Antoine  
Westmount, QC  
H3Y 2H8



BTS BBall Camp  
2017

Basketball Day Camp  
at Selwyn House

August 7-11  
August 14-18

Coed  
K- gr.11

Back to School  
Basketball Camp 2017

Location

Selwyn House School  
95, Côte St-Antoine  
Westmount, QC  
H3Y 2H8



Camp Directors

Kevin Boyle  
SHS Midget Coach

Marty Boyle  
SHS Elementary School Coach

Dates and Times

*Session 1*  
(Full Day)                      Grades K-7  
August 7-11  
8.30am-3.30pm

*Session 2*  
(Full Day)                      Grades 7-11  
August 14-18  
9.30am-3.30pm

*Session 3*  
(Full Day)                      Grades K-6  
August 14-18  
8.30am-3.30pm

Camp Features

- Low instructor to student ratio 1:6
- Emphasis on individual skills
- Full court games daily
- Offensive and defensive team play

Cost Includes

- Quality camp t-shirt
- Daily snack and drinks
- Personal evaluation
- Pizza Party
- Many prizes and awards

Information

For more information, contact Kevin Boyle at  
514.931.9481 ext. 2259

Cost

Session	Early Bird by May 5 <sup>th</sup>	After May 5 <sup>th</sup>
1, 2 or 3	\$340	\$390
1 and 2	\$575	\$650
1 and 3	\$575	\$650

\$50 non-refundable cancellation fee.

No refunds after August 1<sup>st</sup>.

Registration

Please make cheque payable to Kevin Boyle and return  
to Selwyn House School.

BTS Basketball Camp 2017

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Gender: M      F

Date of Birth: \_\_\_\_\_

Guardian's Full Name:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the child have any allergies or medical  
conditions that the staff should be aware of?

YES                      NO

If so, please specify: \_\_\_\_\_

\_\_\_\_\_

Sessions (circle):

Session 1                      Session 2                      Session 3