



BNSW Waratah Under 16 Talent Identification Camps

For players born in 1994 and 1995

REGIONAL CAMPS

● Bridgecoast Stadium, Terrigal	Saturday, July 4
● Bathurst Indoor Stadium	Sunday, July 5
● Albury Sports Stadium	Sunday, July 5
● Narrandera Sports Stadium	Sunday, July 5
● Beaton Park Stadium, Wollongong	Sunday, July 5
● Grafton Sports Stadium	Sunday, July 12

All camps will operate 10am – 3pm

METROPOLITAN CAMPS

- Girls Camp –
Penrith Valley Sports Stadium, Sunday, July 26
- Boys Camp –
Bankstown Basketball Stadium, Sunday, July 26

Metropolitan Camps will operate 10am – 3pm

- ✚ **COST: \$40, includes four hours of on-court instruction and special BNSW Skills DVD**
- ✚ **Players will be selected from these camps to attend the 2009 NSW Under 16 All Star Camp, to be held on October 3 and 4.**
- ✚ **Coaching will be provided by BNSW Coaching & Development staff and senior coaches from the BNSW coaching network**
- ✚ **To register, complete the attached registration form and return to Basketball NSW**

Registrations close: Monday, June 29 (Country camps), Monday, July 22 (Metropolitan Camps)



**BASKETBALL NEW SOUTH WALES
WARATAH UNDER 16 TALENT IDENTIFICATION CAMPS**

ATHLETE REGISTRATION FORM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ (home) _____ (mobile)

E-mail address: _____

Parent/guardian: _____

Allergies/illnesses/injuries BNSW should be aware of:

BNSW Registration Number: _____ Association: _____

Camp attending: _____ Male / Female (please circle)

PARENTAL CONSENT: I agree to my son/daughter participating in the Waratah Program under the control of the BNSW Representatives and Staff. I understand that basketball is a vigorous competitive sport & that injuries to participants may occur.

 Parent / Guardian Signature _____ / _____ / _____
 Date

PAYMENT OPTIONS

Please return this form and payment (GST Inc) to:
POSTAL - Basketball NSW P.O. Box 198 Sydney Markets NSW 2129
FACSIMILE - 02-8765 8588 EMAIL - coaches@nswbasketball.net.au

TOTAL CAMP PAYMENT ENCLOSED = \$40.00 (GST Inc)

Payment Enclosed By (Tick): Credit Card Cheque Money Order

Type of Credit Card: | Bankcard / MasterCard / Visa card | (please circle)

Full Name on Card (Print): _____

Expiry Date on Card: ____ / ____ Amount of Payment: \$ _____

Number on Card: ____ / ____ / ____ / ____

Signature of Cardholder: _____

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