



SUMMER BASKETBALL CAMP 2026

<p>8:30 pm to 4:00 pm</p> <p>Grades 4 to 8</p> <p>(Bring your own lunch, snacks & water)</p> <p>* Peanut Free Environment</p>	<p>JULY 6th to JULY 10th</p> <p>BOYS & GIRLS</p> <p>\$250.00</p>
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All sessions will be held at
LIBRO CENTRE
3295 Meloche Road, Amherstburg
(Entrance through front door)

Participant Name: _____

Age: _____ Birthdate: _____ Health Card: _____

Telephone: _____

Email: _____

Notes for Coach: _____
(Allergies / Special Needs / Physical Ailments, etc)

I hereby acknowledge that participation in this Windsor Valiants Program involves risk of injury, minor or serious, including permanent disability. These types of injuries may occur as a result of my own actions, the actions of others or a combination of both. I understand that the rules are designed for the safety of the participant and that I must abide by the rules set down by the organizers. I consent to participate acknowledging all risks. I consent to allow the Windsor Valiants to use my child in promotional videos and pictures.

Parent Signature: _____

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Facebook or Twitter:**

 Windsor Valiants

 @WindsorValiants