



**TUESDAY NIGHT
HOUSE LEAGUE BASKETBALL**

<p>TWO SESSIONS:</p> <p>6:30 pm to 7:30 pm Grades 3, 4 & 5</p> <p>7:30 pm to 8:30 pm Grades 6, 7 & 8</p>	<p>Jan 6th to April 28th</p> <p>BOYS & GIRLS \$125</p> <p>(Bring your own Basketball)</p>
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All sessions will be held at:

LEGACY OAK TRAIL PUBLIC SCHOOL
2648 Leptis Magna Drive, LaSalle
(Entrance through front door)

Participant Name: _____

Age: _____ Birthdate: _____ Health Card: _____

Telephone: _____

Email: _____

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