



# Khalsa Community School

**69 Maitland Street, Brampton, ON, L6S 3B5**  
**Telephone 905-791-1750, Fax 905-458-9133**

## 2017 Basketball Academy Training Staff Application Form

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

Female ( ) Male ( )

Date of Birth \_\_\_/\_\_\_/\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business Phone (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Do you attend Khalsa Community School: Yes \_\_\_ No \_\_\_ School Grade completed in June 2017 \_\_\_\_\_

Emergency Contact (Other than parent or guardian)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

Ontario Health Card Number: \_\_\_\_\_

Any Medical Condition: \_\_\_\_\_  
(allergies etc.)

**Games and Practices will be on either Sunday or Saturday mornings**

**League Start Date:** February 25, 2017

**End Date:** June 4, 2017

**Position Applying for:** (Please circle)      Coach      Referee      Scorekeeper/Timer

**Dates Available:** (Please circle)      Sunday      Saturday

**Shirt Size:** (Please circle one)      S, M, L, XL

We give permission to our Son / Daughter to work in the KCS Basketball Academy Spring League. We acknowledge that we have counseled our child to follow school policies to maintain appropriate behaviour.

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

\_\_\_\_\_  
Date

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Office use only:

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Receipt No. Issued \_\_\_\_\_