

# Registration Form (June 25-29)

Print this out and mail in the application along with \$100 deposit

**2019 “Blue -Chip” CAMP APPLICATION** (please print or type)

Player’s Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Circle class for next school year (2019-2020):**

College Freshman / High School Senior / High School Junior / High School Sophomore

High School Freshman / Middle School 8th / Middle School 7th / Middle School 6th

Player’s school for (2019-2020) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Player’s Home Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Player’s Position \_\_\_\_\_ Coach \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Parent Business Phone (\_\_\_\_\_) \_\_\_\_\_

Roommate Preference \_\_\_\_\_ E-Mail \_\_\_\_\_

**Circle T-shirt Size (adult sizes):** XX-Large / X-Large / Large / Medium / Small

**Please indicate the session of your choice:**

June 25-29 (Junior High Division) \_\_\_\_\_ (6th Grade through Freshman)

June 25-29 (High School Division) \_\_\_\_\_ (Freshman through Senior)

**NOTE: A graduating senior can attend any session and both high school and AAU**

**teams are welcome at “Blue -Chip.” A Freshman has the option of attending either the High School or Junior High Division.**

*Disclaimer:* I certify the above participant’s condition is sufficient for full athletic participation, understand such participation involves a risk of injury to person or property, and assume all those risks both foreseeable and unforeseeable. I agree to indemnify “High Potential/Blue-Chip” against all the participant’s claims for damages from any bodily injury or property loss even if resulting from any negligence on the part “High Potential/Blue-Chip.” If a health emergency arises at any point during the session, I grant “High Potential/Blue-Chip” permission to provide transportation to and from a medical facility for treatment of any injury with the understanding that complete financial responsibility for treatment is mine. As consideration for participation, I irrevocably consent to allow “High Potential/Blue-Chip” to disseminate any photographs or videos taken this session for all use including promotional or for sale which may include the participant’s likeness.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Refunds/Cancellations**

Cancelling 15+ days prior to camp=\$50. Cancelling 3-14 days prior to camp=\$100 fee. No refund of total tuition fee if one fails to give a 2 day notification that a player cannot attend. Players leaving camp early due to injury or other reasons will not receive a refund due to contractual obligations with Georgetown College. "Noshows" forfeit entire payment .

**Please indicate which payment plan you are sending with this application:**

\_\_\_\_ \$100 Deposit – Check enclosed

\_\_\_\_ \$399 Total Tuition – Check enclosed

\_\_\_\_ Mastercard \_\_\_\_ Visa \_\_\_\_ American Express \_\_\_\_ Discover

Amount to be billed \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Make all checks payable to:

"Blue -Chip" BASKETBALL CAMP and mail application and deposit to:

**"Blue -Chip" BASKETBALL CAMP**

**P.O. BOX 155**

**SHEPHERDSVILLE, KY, 40165**

**For questions call (502) 543-7308 or fax (502) 543-4635**

Final payment is due two weeks before camp starts.