

2019 Shooting Camp Registration Form

Mail this application along with \$100 nonrefundable deposit
(Please print or type)

Player's Name _____

Height _____ Position _____ Birthdate _____

Grade next yr (2019-20) _____ School for (2019-20) _____

City of School _____ State _____ Zip _____

Player's Home Address _____

City of Home _____ State _____ Zip _____

Coach _____

Player's Home Phone (____) _____

Roommate Preference _____

E-Mail Address _____

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

Disclaimer

I, the parent/guardian of the above minor ("Athlete"), do certify that my child's physical condition is sufficient for full participation and said participation involves an element of risk and possible injury. If an emergency arises at any point during the session, I grant the High Potential/Blue-Chip Specialty Camp permission to provide transportation to and from a medical facility for treatment of injury or illness with the understanding that the financial responsibility for treatment is mine. I understand that the High Potential/Blue-Chip Specialty Camp does not provide medical insurance and is the responsibility of the parent/guardian. I assume all risk and agree to hold harmless the High Potential/Blue-Chip Specialty Camp from all claims resulting from accidents and injuries that result from participation in all athletic activity. Knowing all these risks, I hereby release and discharge the High Potential/Blue-Chip Camp from any and all liability resulting from the Athlete's participation in any aspect of the High Potential/Blue-Chip Specialty Camp.

Parent Signature _____ Date _____

Refunds/Cancellations

Canceling 3+ 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. "No-shows" forfeit entire payment.

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

____ \$100 Nonrefundable Deposit – Check enclosed

____ \$185 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 or e-mail bolus@twc.com

Note: A confirmation packet will be either emailed or mailed to you upon receipt of your application and deposit.
Final payment is due two weeks before camp starts.