

NO LIMITS - APPLICATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Grade (Next Fall): _____

Parent or Guardian: _____

Cell Phone: _____

Parent Email: _____

Emergency Contact: _____

Cell Phone: _____

Circle T Shirt Size: (Youth) S M L XL (Adult) S M L XL

Registration Cost: \$200.00

Registration: To reserve your spot in camp, send \$200.00 payment (\$100 non-refundable) with the completed application.

Make check payable to: **PAUL KIECKBUSCH**

Return applications to: **The Edge Basketball Camp
PO Box 1461
Carrboro, NC 27510**

PARENTAL CONSENT FORM:

My son or daughter has permission to attend The Edge Basketball Camps. In the event of illness or injury, I hereby grant my consent for medical treatment and permission for the attending physician or appropriate medical personnel to hospitalize, secure proper treatment and/or injections, anesthesia or surgery. I will be responsible for any medical or other charges connected with my son or daughter's acceptance at camp. Applying for attendance to this camp, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims or damages I may have against The Edge Basketball Camps and/or its representatives, for any and all damages which may rise out of traveling to, and participating in, or returning from camp.

Insurance Provider _____

Parent/Guardian signature _____

You have permission to photograph my child for The Edge Basketball Camps marketing purposes. Photos may be used on the website and on any and all camp brochures and promotional materials.

Parent/Guardian signature _____