

CLINIC APPLICATION

Player Name _____ E-mail _____

Address _____ City/St./Zip _____

Phone _____ School _____ Age _____

Check the camps you would like to attend.

SUMMER CAMP - Boys and Girls ages 6 – 14

Fee-\$265

_____ June 22 - 26

_____ July 20 - 24

_____ August 3 -7

GIRLS MIDDLE SCHOOL CAMP

_____ Aug. 24 -27

Fee - \$140

Checks payable to Bob Foley /Mail application to:11308 Deephaven Ct; Richmond, Va. 23233
WALK IN FEE: \$10

All Camps and Clinics will be held at :
The Steward School 11600 Gayton Rd, Richmond, Va. 23238

LIABILITY WAIVER

I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and that there are risks inherent in this recreational activity. I further understand that Next Level Basketball and its officers and agents are not liable for any injuries that may result from the negligence of persons conducting this program. It is recommended that participants secure adequate medical insurance to cover any injuries that may arise from participation in Next Level Basketball's programs.

Pease list any allergies, special conditions, or special needs _____

Player Name _____ Parent Signature _____

CLINIC REFUND POLICY: 48 hour notice is required for all refunds (minus administration fee). There is no refund for a 1 day clinic after the 48 hour notice deadline. Once the multiple day clinics begin, refunds will only be given due to injury (a doctors note is required). The refund will be prorated minus the administrative fee. Camps and clinics can be switched to another session without penalty with 7 days' notice.

**For further information on future camps and clinics please
visit my website at www.bobfoleybasketball.net
or call 804-387-9493**