

2022 CLINIC APPLICATION

Players Name _____ E-mail _____

Address _____ City/St./Zip _____

Phone _____ School _____ Age _____

Check the clinics you would like to attend.

_____ **3 on 3 WINTER LEAGUE**

Feb, 20, 27 March 6, 13, 20 (6 – 7:30)

Fee - \$125 before Feb 1 (\$135 after Feb. 1)

SUMMER CAMPS

FEE \$255 if payed in full by April 1 (\$275 after April 1)

_____ **June 27 – July 1**

_____ **July 18 – 22**

_____ **August 1 – 5**

Checks payable to Bob Foley /Mail application to: 11308 Deephaven Ct; Richmond, Va. 23233

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*

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

Player Name _____ Parent Signature _____

CLINIC REFUND POLICY: With prior notification (at least 48 hours) tuition may be transferred to another clinic. If a player fails to show up for a clinic without notification their tuition is forfeited

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

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