

**Rip n Run Application Form 2010**

**Name** .....

**Address** .....

.....

**Please ensure all post codes included**

**Date Of Birth** ..... **Male** ..... **Female**.....

**Phone** ..... **School / Club** .....

**Email** .....

**Cost** Euro 375.00 euro

**Please complete the form and return with full payment to:**

**The Ripnrun Office**

**54 Gracefield Road, Artane, Dublin 5**

**Cheques made payable to : RipnRun**

**Please tick** **Week 1** ..... **or** **Week 2** .....

**Sun Aug 1<sup>st</sup> – Sat Aug 7<sup>th</sup>**

**Sun Aug 8<sup>th</sup> – Sat Aug 14<sup>th</sup>**

**NO DEPOSITS: Full payment must be made to secure a place.**

**Consent :**

**Neither the camp directors,the college nor the servants of the camp are responsible for any personal injury or loss to anyone attending RIPNRUN BASKETBALL CAMPS. Parents/Guardians must be contactable in case of accident/injury.**

**I agree that (a) 150.00 euro of the camp fee is non refundable once a place is booked as beds are automatically booked with Kings Hospital and charged to the Camp. (b) The signing of this form signifies my willingness to comply with any regulations which the staff and coaches may make.**

**Signature** ..... **Date** .....

**Parents Signature** .....

Ripnrun promote ripnrun summer camps throughout the year.We do this through the use of photography and web postings showing the ripnrun camps in action. The signing of this form is a contract giving ripnrun permission to use your image (if you appear) in the creation of such items.