

Rip'n'Run Basketball Camp 2018

WEEK 1

29.07.2018 - 04.08.2018

Early Bird Special

Only €399.99 Per Week*

*When you book before March 17th 2018



Rip'n'Run Basketball Camp 2018

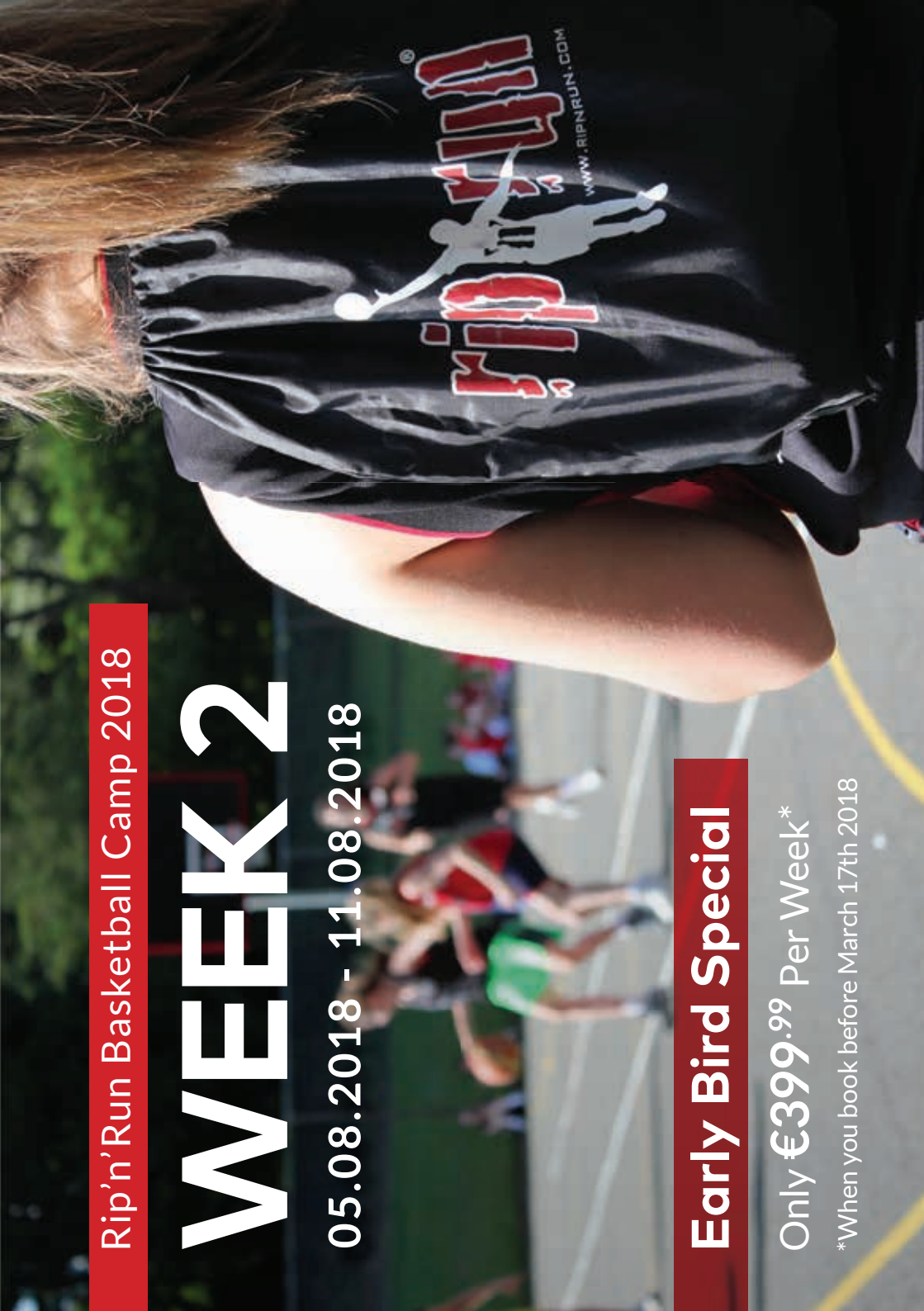
WEEK 2

05.08.2018 - 11.08.2018

Early Bird Special

Only €399.99 Per Week*

*When you book before March 17th 2018



Application Form

(PLEASE USE BLOCK CAPITALS)

▲ Indicates required field

- ▲ Name: _____
- ▲ School / Club: _____
- ▲ Email: _____
- ▲ Address: *(please provide all region post codes)*
- Line 1: _____
- Line 2: _____
- ▲ Post Code: _____

PAYMENT DETAILS

The Rip'n'Run basketball camp costs €425 or £375 for the week of camp. This cost covers all bank charges for transfer, the players meals, accommodation, coaching and entertainment for the week.

Please note that no deposits will be taken. Payment must be made in full to secure place at camp.

- ▲ Please indicate which week you will be attending:
- Week 1: and/or Week 2:
- ▲ Please ensure completion of both Application and Medical forms and return with full payment of said amount to **The Rip'n'Run Office, 54 Gracefield Road, Artane, Dublin 5, Ireland.**
- Please make cheques payable to Rip'n'Run.

CONSENT FORM

By signing this form I agree that €170/£150 of the camp fee is non refundable once a place is booked. My signing signifies my willingness to comply with any regulations which the staff coaches may make.

- ▲ Date of signing: _____
- ▲ Players Signature: _____
- ▲ Parent/Guardian Signature: _____

Rip'n'Run promote the ripnrun experience and basketball camps throughout the year. We do this through the use of photography, videos and web postings, showing the ripnrun experience in action. The signing of this form is a contract allowing ripnrun permission to use your image (if you appear) in the creation of such items.

Medical Form

(PLEASE USE BLOCK CAPITALS)

▲ Indicates required field

- ▲ Name: _____
- ▲ Age at camp: _____
- ▲ Gender: _____
- ▲ Date of birth (DD/MM/YYYY): _____
- ▲ Player contact number: _____
- ▲ Emergency contact number: _____

Please list below any history of illnesses, injuries and allergies etc.

- ▲ Medical information: _____
Please tick if none:
- _____
- _____
- _____
- _____

- ▲ Other Information: _____
Please specify if any.
- _____
- _____

CONSENT FORM

Neither the directors, the college nor the servants of the camp are responsible for any personal injury or loss to anyone attending Rip'n'Run basketball camps. Parents/Guardians must be contactable in case of an emergency.

By signing this form I agree that the medical information I provided is correct and signifies my willingness to comply with any regulations which the staff or coaches may make.

- ▲ Date of signing: _____
- ▲ Players Signature: _____
- ▲ Parent/Guardian Signature: _____