

RIP'N'RUN 2019 WEEK 1

APPLICATION FORM

(PLEASE USE BLOCK CAPITALS)

Name: _____

School / Club: _____

Email: _____

Date of Birth: _____

Contact Number: _____

Address Line 1: _____

Address Line 2: _____

Town/City: _____ Post Code: _____ Country: _____

PAYMENT INFORMATION AND CONSENT

YOU ARE SIGNING UP FOR WEEK 1 OF THE 2019 RIP'N'RUN BASKETBALL CAMP. Please download the correct form from our website if this is not the week you wish to attend.

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

Please ensure completion of both Application and Medical forms and return with full payment of €425 to:

**The Rip'n'Run Office,
54 Gracefield Road,
Artane, Dublin 5, Ireland.**

By signing this form I agree that **€170 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.

Please make cheques payable to Rip'n'Run. Please note that no deposits will be taken. Payment must be made in full to secure place at camp.

Date of signing:

/ / 2019

Players Signature:

.....

Parent/Guardian Signature:

.....

RIP'N'RUN 2019 WEEK 1

MEDICAL FORM

(PLEASE USE BLOCK CAPITALS)

Name:

Age at Camp:

Gender:

Date of Birth (DD/MM/YYYY) :

Player Contact Number:

Emergency Contact Number:

Medical Information:

Leave blank if none

Room Requests (if applicable):

CONSENT AND PERMISSION

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.

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.

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:

/ / 2019

Players Signature:

Parent/Guardian Signature:
