

RIP'N'RUN 2020 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 2020 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 €430 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 €430 to:

**The Rip'n'Run Office,
54 Gracefield Road,
Artane, Dublin 5, Ireland.
D05H7X3**

Date of signing:

/ / 2020

By signing this form you agree that €170 of the camp fee is non refundable once a place is booked. Your signing signifies your willingness to comply with any regulations which the staff and coaches may make.

Players Signature:

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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.

Parent/Guardian Signature:

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RIP'N'RUN 2020 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 rip'n'run experience and basketball camps throughout the year. We do this through the use of photography, videos and web postings, showing the rip'n'run experience in action. The signing of this form is a contract allowing rip'n'run permission to use your image (if you appear) in the creation of such items.

By signing this form you agree that the medical information you have provided is correct and signifies your willingness to comply with any regulations which the staff or coached may make.

Date of signing:

/ / 2020

Players Signature:

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Parent/Guardian Signature:

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