



**2015 College-Bound Coaches Network Exposure Events:**  
**July 26: 3:00-5:00 – Minority Exposure Clinic – July 29: 3:30-5:30**  
**July 20-23 –BYOP® Ages 5-11 (players & parents)**  
**July 20-23 – Player Camp for Ages 11-13**  
**July 19-23: BYOP® Instructor Certification Program**  
[www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com)

**Our July College-Bound Coaches Network “Exposure Clinic” for minority athletes!**

**Wednesday, July 29 Minority Clinic 3:30-5:30** (contact [info@lvclub.org](mailto:info@lvclub.org) to reserve a spot today and see below for price..send this registration form with your check or money order). You may also learn more about this C-BCN Minority Exposure Clinic at: [www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com) or [info@brvc.com](mailto:info@brvc.com) Limit to 36 players (due to limited court space at Net Results Sports Center).

I am registering for Wednesday, July 29 C-BCN Minority clinic at Texas Image (check box):

**Minority Clinic at Texas Image: \$40 if registration received before May 30 (\$55 if registration received after June 1). Minimum required is 20 players registration before May 30.**

Player t-shirt size (circle requested size): Adult – L M S

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Player Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School Attending: \_\_\_\_\_ Check Level:  6<sup>th</sup>/7/8<sup>th</sup>  9th  10th  11th;  12<sup>th</sup>

Parent/Guardian/Coach Name: \_\_\_\_\_ Parent Cell phone: \_\_\_\_\_

Designate (Work or Home) Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please have your daughter describe in her own words what she expects from this experience. Have her include her club experience and if she is interested in playing in college. Also provide any other information that will help us meet your needs.

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**Payment** (Payment options include: Check, money order or cash.) **Checks written to : brvc, LLC and mailed to the address below:**

Initial Deposit Amount: **\$40 prior to May 30** Final Amount Due After June 1: **Paid in FULL \$55 deposit received**

**Deposit Payment method** – Check: \_\_\_ / Money order: \_\_\_ / Cash \_\_\_ / **Final Payment method** – Check: \_\_\_ / Money order: \_\_\_ / Cash \_\_\_ /

Insurance provider : \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby grant permission for my child to attend the 2015 College-Bound Coaches Network “Minority Exposure Clinic”. I also grant LVC/brvc permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from any and all liability for any injuries or losses incurred while at Camp. I authorize a designated physician to perform diagnostic, medical and/or surgical treatment if necessary and will be financially responsible for any medical attention needed during camp.

**Please reserve a spot with a \$40 non-refundable deposit by May 30.** If after June 1 email to check if space available–no walk-ins. **With receipt of payment & registration form, confirmation will follow via e-mail. Note:** Check-in will occur 20 minutes before the training day session 2:40. For information, please e-mail: [info@brvc.com](mailto:info@brvc.com) or call after June 1 at 972.943.4665.

Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: brvc, LLC Attention: R. N. Nelson, PO Box 702505 Dallas, Texas 75370; USA fax: 972.363.0227** 3.24.15  
**Forms are accepted beginning February 1 with a \$40 non-refundable deposit prior to May 30. Forms must be faxed and/or received no later than June 1 to be considered if space available. After June 1 fee there will be \$15 late registration payment. All acceptance will be based on date that we receive your deposit/forms and priority for equal age groups with a minimum of 20 players registered.**

	<b>Non-refundable Deposit</b>	<b>brvc, LLC Use Only</b>	Final Payment	
Type of payment:	Cash	Check #	Cash	Check
Date received:				
Confirmation sent:	Email	Mail	Fax	Date