



## 2018 College-Bound Coaches Network Exposure Events:

July 29: 6:00-7:00 – Minority Exposure Clinic

July 13,14 & 15 –BYOP® Ages 5-10 (players & parents)

July 16-19 – Player Camp for Ages 11-13

July 13, 14 & 15: BYOP® Instructor Certification Program

[www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com)

### July College-Bound Coaches Network “Exposure Clinic” for minority athletes! Co-hosted by Victory Volleyball Club

**Sunday, July 29 Minority Clinic 6:00-7:00** (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 24 players (due to limited court space at Net Results Sports Center).

I am registering for Sunday, July 29 C-BCN Minority clinic (check box):

July 29 Minority Clinic: Sunday **\$30 (\$35 if registration received after June 1)**

Player t-shirt size (circle requested size): Adult – L M S Graduation Date: \_\_\_\_\_

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

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

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

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

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

Player weebly website: \_\_\_\_\_

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.

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

Initial Deposit Amount: **\$30** Final Amount Due: **Paid in FULL once \$35 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 2018 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 \$30 non-refundable deposit by May 31.** If after June 1 email to check if space available–no walk-ins. Complete your online information contact form; registration form, Net Results adult/child waiver, brvc, LLC waiver, photo release & return with your **\$35 non-refundable deposit** prior to May 31 for early registration pricing and securing a spot

**With receipt of payment** contact form; registration form, Net Results adult/child waiver, brvc, LLC waiver, photo release **confirmation will follow via e-mail.** **Note:** Check-in will occur 20 minutes before the training day session 5:40. 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**

3.7.2018

**Forms are accepted beginning February 1 with a \$30 non-refundable deposit prior to June 1. Forms must be faxed and/or post-marketed before June 1 to be considered if space available. After June 1 clinic fee is \$35.**

**All acceptance will be based on date that we receive your full payment and all forms and priority for equal age groups.**

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