



## C-BCoaches Network Events Presents:

July 5 – BYOP® Player/Parent Clinic

Additional Dallas C-BCNEvents for July

July 5 – CourtZide Coaches, BYOP™ 10U

July 6 – Player Exposure Clinic & Talent Showcase

Week 1: July 15, 18, 19 & 20 • Week 2: July 22, 23, 24 & 25

July 31, 2:00-4:00 – Minority Clinic

### Our July College-Bound Coaches Network “BYOP® Player/Parent Clinic

**Friday, July 5, 6:00-7:00, BYOP® Player/Parent Clinic** (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 Player Clinic at: [www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com)  
Limit to 50 players and their parents (due to limited court space at Net Results Sports Center).

I am registering for Friday, July 5 C-BCN BYOP® Player/Parent clinic (check box):

July 5, Friday **\$35**

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

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

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

School Attending: \_\_\_\_\_ Check Level:  1<sup>th</sup>  2<sup>th</sup>  3<sup>th</sup>  4<sup>th</sup>  5<sup>th</sup>

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

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

Please describe what you and your daughter/son expect from this experience. Please include any experience of player and parent. 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 and mailed to the address below:**

Initial Deposit Amount: **\$35**

Final Amount Due: \_\_\_\_\_

**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 2013 College-Bound Coaches Network “BYOP® Player/Parent 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 \$35 non-refundable deposit by May 31.** 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 30 minutes before the session 5:30. For information, please e-mail [info@brvc.com](mailto:info@brvc.com) or call 972.943.4665. For information and space availability, e-mail [info@brvc.com](mailto:info@brvc.com) or [mn@college-boundcoachesnetwork.com](mailto:mn@college-boundcoachesnetwork.com) or call after June 1 to 972.943.4665. Website information, waivers and forms: [www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com)

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

**Return to: brvc Attention: R. N. Nelson, PO Box 702505 Dallas, Texas 75370; USA fax: 972.363.0227**

4/22/13

**Forms are accepted as of April 1 with \$35 non-refundable deposit. Forms must be faxed and/or received no later than May 31 with final payment. All acceptance will be based on date that we receive your deposit. Late fee will apply after June 1 and t-shirts are for those pre-registering.**

	Non-refundable Deposit	brvc Use Only	Final Payment	
Type of payment:	Cash	Check #	Cash	Check
Date received:				
Confirmation sent:	Email	Mail	Fax	Date