

REGISTRATION: 2024 ELITE+ DEVELOPMENT CAMP



To Register:

Fill out the form below or Visit LibertyEdgeBasketball.com.

PARTICIPANT INFORMATION

Name _____ Rising Grade _____

Name _____ Rising Grade _____

PARENT / SPONSOR INFORMATION

Name _____

Phone # _____

Email _____

PAYMENT & DATE INFORMATION

- | | | |
|----------------------------------|-------|---------------------|
| <input type="checkbox"/> 1 Week: | \$250 | # of Athletes _____ |
| <input type="checkbox"/> 4 Days: | \$235 | |
| <input type="checkbox"/> 3 Days: | \$180 | |
| <input type="checkbox"/> 2 Days: | \$125 | |
| <input type="checkbox"/> 1 Day: | \$65 | Total _____ |

If attending individual days, please note your date(s) below.

Payment Type:

- Cash Check PayPal.me/LibertyEdge

Please make check payable to **Liberty Edge** and mail or email completed form to chris@sportuuty.org OR P.O. Box 21297, Bradenton, FL 34203.

MEDICAL RELEASE / PHOTOGRAPHY WAIVER / CANCELLATION

By signing this form and entering my name for registration of a participant, I acknowledge granting this permission. I understand that participation in Liberty Edge involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to sue Marcus Liberty or Liberty Edge, all their affiliates and DBAs, all directors, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for and from all liability from my participation in and with these and any other related travel, lodging, social and recreational activities. I also understand Liberty Edge retains the right to use for publicity and advertising, photographs and video taken of the participants.

I have given my child permission to participate in the Liberty Edge related events, and I certify that she/he is in good health, has been cleared by a physician and can take part in all physical activities, not limited to but including training, practices and games. I am aware of all laws, rules and safety procedures regarding head concussions. If an injury occurs, I authorize the staff members to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

Parent/Guardian _____ Date _____

Jul 15-19

**Grades: 6th - 8th
9th - 12th**

Salvation Army
1701 S Tuttle Avenue
Sarasota, FL 34239

FIND DETAILS AT
LibertyEdgeBasketball.com



WHAT TO BRING
Please bring your water bottles/sports drinks.

WHAT TO WEAR
Athletic clothing and appropriate basketball shoes.

CANCELLATION & REFUND POLICY
Please register carefully. No refunds will be made 5 days prior to session start date. If requesting a refund prior to this date, please send an email request chris@sportuuty.org or mail a written request. Any refund will incur a processing fee. You will be refunded in full minus \$25 cancellation fee. Unused portions of packages will not be refunded. In the unlikely event that a program is cancelled, a make-up date will be announced or that session will be refunded.

QUESTIONS?
Email us at
chris@mytaidesign.com
or call 941-944-9542