Targeted Age July 8 <sup>th</sup> - PLAYER INF irst and Last Name: arent/Guardian Name: hone Number: Cell mail:	Home nergency Contact: Relation:	
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DULT: XS S M L XL		
RICING - Please place a check mark next to		
Richard - Thease place a check mark heat to a	ppropriate registration	fee(s)
\$200 - Members		
\$325 - Non - Member		
\$25 off for Early Bird registration (form	s submitted through Ju	ne 28th)
\$25 off refer a friend		

REFUND POLICY: We MUST be notified about any cancellations 1 week prior to the start date.

A \$25 processing fee will be withheld from your refund. An additional \$15 will be withheld from your refund if your penny has already been ordered. NO REFUNDS WILL BE ALLOWED AFTER June 8th. No exceptions.

LIABILITY WAIVER: I understand that basketball is a physically active sport. I understand that any injuries that take place during this time are not the financial responsibility of Bethany Athletic Club. I accept full responsibility of my child's actions during this time.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

Date: \_\_\_\_\_