

RADIANT *SUNS* Basketball



PRESENTS **KEVIN BOYLE TIM ORTELLI** **SKILLS CLINICS**

For Boys Ages 9-15
DATES: July 5, 6, 7, 8 TIME: 9AM – 3PM
COST: \$235

LOCATION: Rutgers Prep - 1345 Easton Avenue, Somerset, NJ 08873
For Directions go to www.radiantsuns.com/directions.html
For further information call 908-237-2526 or email: info@radiantsuns.com

Registration Form

Return this panel with check or money order payable to **Radiant Community Athletic Productions, LLC**
P.O. Box 262, Three Bridges, NJ 08887 OR authorize credit card below.

Credit Card Type (**Circle One**) Amex - Visa - MC

Card# _____ Exp Date _____ Code _____

Name on Card _____ Authorization Signature _____

Please use one form for each player

Player's Full Name _____ M _____ F _____

Street Address _____ City _____ State _____ Zip _____

Grade in September 2011 _____ School (current 2010-2011 year) _____

Dates Enrolling: xxx _____ xxx _____ xxx _____ T-Shirt Size _____

Parent's/Guardians' Names _____

Home phone _____ Cell Phone _____ Cell Phone _____

Email _____ Alternate Email _____

Emergency Name & Phone _____

Physician's Name & Phone _____

I hereby request that the child(ren) named herein be admitted to-Radiant SUNS Basketball Skills Clinic-Camp and give my permission for him/her to participate in the sport of basketball, which I acknowledge as a physical activity that can result in some accidental contact with other players, as well as the facility. I hereby waive all claims to liability to the directors, counselors, coaches and all staff members of Radiant SUNS Basketball and Radiant CAP, LLC. I authorize all staff members to act for me according to their best judgment for my child(ren) including the event of injury or medical emergency. I hereby verify that my child(ren) named herein is in good health and take full responsibility for his participation in this Clinic-Camp. I understand there are NO Refunds for payments submitted for any reason with the exception of cancellation of the camp by Radiant Suns.

Signature of Parent/Guardian _____ **Date** ____/____/____

Amount Enclosed or Authorized to Charge to Credit Card \$ _____