

Our **College-Bound Coaches Network Exposure Camp for BYOP® players and parents:** 4 days and 4 hours of training with players and parents.

**Training Dates:** Monday, Tuesday, Wednesday, Thursday from 6:00-7:00 and/or if needed 7:00-8:00 may be added.

- 4-Day Camp registration received or post-marked by April 30 \$100; May 1 & before June 1 \$120; after June 1 \$140 (if space available). All rates are based on space availability.
- Enroll for July 18, 19, 20 & 21 and make **FULL payment** by **April 30 for BEST promotional rates**.
- Registration fees for the following: 3-Day (\$90), 2-Day (\$70) and 1-Day (\$40) registration (FULL payment must be made to secure spot- if available)
- Check our website for Scrimmage Night, Middle School Camp; BYOP® camp, BYOP® Instructor Certification Camp and Minority Exposure Clinic [www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com) (contact [info@brvc.com](mailto:info@brvc.com) for special rate with **FULL payment prior to April 30 is the BEST Summer Deal**)
- Please complete online information contact form; registration form & return with **your \$100 non-refundable deposit prior to April 30** for promotional pricing and early registration. You will be considered ONLY once we receive your deposit.
- Your final payment will be due **by June 1, 2016** to secure your registration. If FINAL payment is received after June 1 regular pricing with apply with late fee included. (email: [rnn@college-boundcoachesnetwork.com](mailto:rnn@college-boundcoachesnetwork.com) or [info@brvc.com](mailto:info@brvc.com) to check to see if space available—no walk-ins).

Thanks for registering.

I am registering for the following day(s) by placing a mark in the designated box(es):

**4-day Camp:** check the days:  Mon  Tues  Wed  Thurs; **3-day Camp:** check the days:  Mon  Tues  Wed  Thurs;

**2 day Camp:** check the days:  Mon  Tues  Wed  Thurs; **1 day Camp:** check the day:  Mon  Tues  Wed  Thurs

Player t-shirt size (circle requested size): Youth – Y L YM YS or Adult S

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

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

School Attending: \_\_\_\_\_ Check Level: :  6<sup>th</sup>;  5<sup>th</sup>;  4<sup>th</sup>;  3<sup>rd</sup>;  2<sup>nd</sup>;  1<sup>st</sup>;  pre;

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

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

Please have your daughter describe in her own words what she expects from this experience. Have her include her playing experience and if she is interested in our ongoing BYOP® programs. 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 non-refundable Deposit Amount: \$100** (applied toward final payment). **Want April 30 FULL Payment rate email** 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 2016 College-Bound Coaches Network BYOP® Training Camp. 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 \$100 non-refundable deposit by April 30 for promotional pricing.** Rates will vary between \$25-\$40 per hour depending on number of days and players in each session. **To receive the BEST promotional rate you must make FULL Payment before April 30.** Registration after June 1, 2016 deadline will be assessed at the higher range rate if space is available (check if space available—no walk-ins). **With receipt of payment online contact form, waiver & registration form, confirmation will follow via e-mail.** **Note:** Check-in will occur 20 minutes before the first training day session (Time to be determined for each day). For information and space availability, **e-mail [info@brvc.com](mailto:info@brvc.com) or [info@lvclub.org](mailto:info@lvclub.org)** or call after June 1 to 972.943.4665. Website information, waivers and forms: <http://www.bringyourownparent.com>

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

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

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**Forms are accepted as of February 1 with \$100 non-refundable deposit. ALL forms must be faxed and/or received no later than June 1 with final payment. All acceptance will be based on date that we receive your deposit/forms. Priority registration is based on the following: (1) prior BYOP® players enrolling in 4 day program and (2) remaining spots for those registering for daily sessions and/or late registration.**

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