

REGISTRATION: 2019 MAKE THE CUT SESSIONS



To Register:

Fill out the form below, Call 941-944-9542 or Visit LibertyEdgeBasketball.com.

PARTICIPANT INFORMATION

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Aug 10th - Oct 12th

Grades:

3rd-4th / 5th-7th / 8th-11th

Faith Presbyterian Church

1201 N. Beneva Road
Sarasota FL 34232

PARENT / SPONSOR INFORMATION

Name _____

Mobile # _____ Home # _____

Address _____

City _____ State _____ Zip _____

Email _____

**FIND WEEKLY
SCHEDULE AT**

LibertyEdgeBasketball.com

PAYMENT INFORMATION

All 10 Sessions: \$220 5 Sessions: \$115 1 Session: \$25 x _____

of Children _____ Dates: _____

Payment Type: Cash Check PayPal.me/LibertyEdge

Please make check payable to Liberty Edge and mail completed form to
Liberty Edge, PO 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 _____

WHAT TO BRING

Please bring your water bottles/sports drinks.

WHAT TO WEAR

Athletic clothing and appropriate basketball shoes.

CANCELLATION REFUND / POLICY

Cancellations must be made 48 hours prior to session date. Any registration cancelled 48 hours before session will be refunded in full minus \$10 cancellation fee per child. In the unlikely event that a session is cancelled, a makeup date will be announced or that session will be refunded.

QUESTIONS?

Email us at
info@marcusliberty.com or
call 941-944-9542