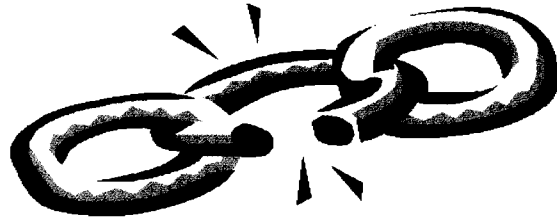


THE “MISSING LINK” BASKETBALL CAMP



@ ATHENS CHRISTIAN

JUNE 2ND – 6TH

FROM 8:30 – 5:30

BOY'S & GIRLS AGES: 9-14

\$100.00 (EACH)

THE “MISSING LINK” BASKETBALL CAMP IS RATED:

“ #1 EVALUATION CAMP IN THE SOUTH!”



**MAKE CHECK OUT TO COACH RON LINK
& SEND IT ALONE WITH APPLICATION TO:**

**COACH RON LINK
130 GREEN TOP WAY
ATHENS, GA 30605**

**THE "MISSING LINK" BASKETBALL CAMP @ ATHENS CHRISTIAN
****APPLICATION******

CAMPERS NAME _____ SEX _____ AGE _____ GRADE NEXT YR. _____

HEIGHT ___'___" WEIGHT _____ SHIRT SIZE: YM - AS - AM - AL - AXL (CIRCLE ONE)

PARENT(S) / GUARDIAN(S) NAME(S) _____

ADDRESS _____

HOME # _____ WORK # _____ CELL # _____

E-MAIL _____ (for up-dates and camp news and records)

CHECK # _____ AMOUNT _____ CHECK DATE _____ REFERED BY _____

This form must be completed and sent in along with the full amount of: \$100.00. There is a non-refundable charge of \$25.00. Late registration is \$120.00 at the door.

Make checks payable to: Coach Ron Link * 130 Green Top Way* Athens, Georgia 30605

MEDICAL INSURANCE FORM

I, the undersigned, have been informed and agree, that all medical expenses resulting from illness or injury incurred as a participant in the "Missing Link" Basketball Camp, are the responsibility of the participant's family. I will not hold Coach Link, his staff or, Athens Christian School responsible.

Please place your initials on one of the lines below:

____ My son/daughter is covered by medical insurance.

The company name is _____

Group # _____ or, Policy # _____

____ My son/daughter is not covered by medical insurance. I, understand I, the undersigned, will assume total responsibility for any medical expense that he/she may incur, before, during, or after, the "Missing Link" Basketball Camp at Athens Christian School.

MEDICAL RELEASE

I, the undersigned, have been informed and agree that during the "Missing Link" Basketball Camp, first aid will be administered if necessary by the staff until medical care facilities can be reached. I will be informed of medical treatment that my son/daughter has received.

I, the undersigned, agree to the arrangements set forth above and hereby consent to the delivery of routine medical care and first aid to my child, as described above, without need of any additional consent from me.

I understand that in case of a major medical emergency, every possible attempt will be made to contact me before treatment is administered. However, the Camp Director may consent on my behalf to treatment advised by medical personnel for my son/daughter in the event I cannot be contacted through reasonable efforts.

Signed _____ Relationship _____ Date _____