

# REGISTRATION: 2024 EDGE SUNDAYS



## To Register:

Fill out the form below or Visit [LibertyEdgeBasketball.com](http://LibertyEdgeBasketball.com).

## PARTICIPANT INFORMATION

Name \_\_\_\_\_

Grade \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_



**Sep 8 - Dec 15, 2024**

**Grades: 4th - 6th  
7th - 8th  
9th + Up**

**FIND LOCATIONS  
& SCHEDULE AT**

**[LibertyEdgeBasketball.com](http://LibertyEdgeBasketball.com)**

## PAYMENT & DATE INFORMATION

- 14 Sessions: \$320 (save \$30) # of Athletes \_\_\_\_\_
- 12 Sessions: \$280 (save \$20)
- 10 Sessions: \$235 (save \$15)
- 7 Sessions: \$165 (save \$10)
- 3 Sessions: \$70 (save \$5)
- 1 Sessions: \$25 Total \$ \_\_\_\_\_

If attending less than full package, please note all your date(s) below.

### Payment Type:

- Cash  Check  PayPal.me/LibertyEdge

**Please make check payable to Liberty Edge** and mail or email completed form to [chris@sportuity.org](mailto:chris@sportuity.org) OR P.O. 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.

**REFUND POLICY:** Please register carefully. No refunds will be made 5 days prior to session start date. If requesting a refund prior to this date, please send an email request to [chris@sportuity.org](mailto:chris@sportuity.org) or mail a written request. Any refund will incur a processing fee. You will be refunded in full minus \$25 cancellation fee. Unused portions of packages will not be refunded. In the unlikely event that a program is cancelled, a make-up date will be announced or that session will be refunded.

### QUESTIONS?

Email us at [chris@sportuity.org](mailto:chris@sportuity.org) or call 941-944-9542