

The EDGE Registration Form Summer '23

Fill out and send form and payment to: **Travis Hoeg 2586 Willow Rd Fargo, ND 58102**
 Registration can be captured in a photo or other format and emailed to hoegtr@gmail.com and
 mail in payment or Venmo me **@Travis-Hoeg**

Remember each skill clinic will be capped at 15 players. I will be adding each trainee as received in mail or email on a first come-first serve basis when payment is received. All additional trainees will be placed on a waiting list.

Trainee Name: _____

Age: _____ **Grade (next year)** _____

Parent(s) Name: _____

Address: _____

Cell Phone/Emergency #: _____

Email: _____

Please check the session(s) you would like to register for.

- Remember to sign them up for the grade they will be in next school year.

Elementary 3-5 12:00-1:00 PM	Middle School 6-8 1:00-2:00 PM	High School 9-12 2:00-3:00 PM
_____ Session 1 June 19-23	_____ Session 1 June 19-23	_____ Session 1 June 19-23
_____ Session 2 June 26-30	_____ Session 2 June 26-30	_____ Session 2 June 26-30
_____ Session 3 July 17-21	_____ Session 3 July 17-21	_____ Session 3 July 17-21
_____ Session 4 July 24-28	_____ Session 4 July 24-28	_____ Session 4 July 24-28

****I hereby acknowledge that my child is medically fit to participate in The EDGE Basketball Training. I authorize the EDGE staff to secure any emergency medical treatment deemed necessary and waive and release The EDGE Training Institute LLC and its employees from any and all liability for any injuries which may occur while participating at The EDGE Training Institute LLC.**

Signature of Parent or Guardian: _____