



# JON BROCKMAN BASKETBALL CAMP

**AUGUST 10 - 13 | 9AM - 4PM**

**FOR MORE INFORMATION:**

Matthew Wade | ph:206.227.9387 | mwade@athletefoundations.com

**ENROLL EARLY, SPACE IS EXTREMELY LIMITED!**  
**FINANCIAL ASSISTANCE IS AVAILABLE.**

**APPLICATION FOR JON BROCKMAN BASKETBALL CAMP**

**Parents/Guardians:** Please complete this application, detach and mail. Be sure to sign where indicated. A photocopy of the application will also be accepted. Please Print. If your camper wishes to be with his or her friend(s), please submit all applications together. Space is limited. REGISTER EARLY!

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Camper's Age: \_\_\_\_\_  Male  Female

If necessary, please note camper's allergies/medical conditions/physical problems of which camp staff should be aware: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_

**Method of Payment:** (Application must accompany payment)

Check (Payable to: Athlete Foundations)

American Express  MasterCard  Visa

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I agree to pay such total subject to and in accordance with the agreement governing the use of such card.

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Refund Policy:** \$25 is non-refundable. Refund requests must be submitted in writing and will be given for medical reasons or death in the family only.

**Parents:** Please read the statement below and sign. In consideration for allowing the above camper ("Minor") to participate in the Jon Brockman Basketball Camp (the "Event") held at Glacier Peak High School ("Venue"), I, as the parent and/or legal guardian of Minor, for myself, and on behalf of Minor and his/her parents, heirs, executors, administrators, next of kin, successors, and assigns, all of whom shall be legally bound by this release, hereby agrees as follows:

1. Minors under 18 years of age and I am 18 years of age or older. I acknowledge that Minor is not required to participate in the Event. His/her participation is voluntary and solely for Minor's benefit and entertainment. I understand that said Minor can withdraw from the Event at any time. We understand there are inherent risk associated with Minor's participation and use of either Venue. We understand and acknowledge that basketball is an action sport that may present a significant risk of personal injury to Minor. We further understand and acknowledge that Minor's participation in the Event may require him/her to engage in strenuous and/or potentially dangerous activities. Neither Minor nor I are aware of any reason, medical or otherwise, why Minor should not participate in the event, and we are prepared to, and do, hereby accept any and all risks, whether known or unknown to Minor and/or me, of having Minor participate in the Event.

2. Minor and I agree to indemnify, release, forever discharge and hold harmless, and I covenant not to sue, the hosts and their respective partners, owners, stockholders, directors, officers, employees, agents, representatives, heirs, successors, and assigns, and each and every person acting by, through, under, or in concert with them, or any of them (hereinafter individually and collectively referred to as the "Indemnified Parties"), of and from all manner of action or actions, cause or causes of action, at law or in equity, suits, claims, demands, damages, liability, lost cost or expense, of any nature whatsoever, known or unknown, fixed or contingent (hereinafter referred to as "Claims") which Minor and/or I may have or hereafter have against the Indemnified Parties by reason of any injuries that Minor may sustain, whether to his/her person and/or property, as a result of or incident to the Indemnified Parties' negligence (whether active or passive), Minor's participation in the Event, and/or any and all risks assumed by Minor and/or me hereunder.

3. I hereby authorize and grant the right to Indemnified Parties and/or anyone authorized by them or acting on their behalf to use, record, reproduce, publish or depict my voice, recording, photograph, and/or likeness, in any manner that they deem necessary or appropriate, in all media, worldwide perpetuity, in and in connection with the production, distribution, marketing, promotion, advertisement, packaging, sale, publication, exhibition, and/or exploitation of the Event, including, without limitation, in any and all print advertisements, broadcasts, telecasts, and/or retransmissions of or regarding the Event. This may be done without any further permission from me and without any fee or other compensation to me.

**Please mail or fax application with payment to:**  
 Jon Brockman Basketball Camp  
 Attn: Matthew Wade - Executive Director  
 551 N 170th Place  
 Shoreline, WA 98133  
 Fax #: 206-801-7710  
 E-mail: mwade@athletefoundations.com