

SUMMER
2015

STEVE BLAKE BASKETBALL CAMP

at the Discovery Sports Center

**FOR BOYS AND GIRLS
AGES 6 - 16**

Camp Dates

July 27th - July 31st

Cost

\$325 per camper

9:00am – 3:00pm

Typical Camp Day

9:00am.....Morning Workout
10:00am.....Morning Game
11:00am.....Skill Development
12:00pm.....Lunch
1:00pm.....Daily Contests
2:00pm.....Afternoon Game
3:00pm.....Camp Day Ends

Camp Highlights

- Contests
- Special appearances by NBA personnel
- Awards for team and individual achievement
- Certified Trainer on duty
- Free Camp T-Shirt
- Camp Store
- Autograph Session with Steve Blake

EXTENDED CARE
AVAILABLE BY REQUEST:

- 8:00AM – 9:00AM
- 3:00PM – 5:00PM
- \$10 PER CHILD PER HOUR

**REGISTER
TODAY!**

Campers should wear sneakers with non-marking soles & comfortable clothes



The Discovery Sports Center Cafe will be open for lunch!

DISCOVERY SPORTS CENTER
18031 CENTRAL PARK CIRCLE
BOYDS, MD 20841

For additional information call One on One Basketball at 202-244-2255.

Steve Blake Basketball Camp 2015

Mail to: Discovery Sports Center, 18031 Central Park Circle, Boyds, MD 20841 or Fax to: 301-540-4276

For more information:

Call Discovery Sports Center at 301-528-1480 or 1 on 1 Basketball at 202-244-2255
www.1on1basketball.com / www.discoverysportscenter.org

Camper Information

Player's Name: _____ Birth Date (MM/DD/YY): _____

Grade: _____ Gender: _____ Adult Shirt Size (please circle choice): S M L XL

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Fax: _____ Email (required): _____

Extended Care: Optional-Check all that apply: 8am-9am: _____ 3pm-5pm: _____ (\$10 per hour/per child)

Dates Needed: _____ Number of Hours Needed: _____

Payment: \$325 per camper. Fee includes all appropriate fees, tax and a \$50 non-refundable administration fee.

Amount Paid (include Extended Care): \$ _____

Credit Card: (Circle) Visa/MasterCard Card Number: _____ Exp. Date: _____

V-Code (3-digit # on back of card): _____ Zip Code: _____

Signature of Card Holder: _____

Check: Please make payable to Discovery Sports Center. Check#: _____ **Cash:** Please make payment in person

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Discovery Sports Center Indoor League, Program Camp, Clinic or any other activity. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, program operators, building contractors, suppliers, employees and Steve Blake or Bell Management for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____

Date: _____

Print Name: _____

How did you hear about the Steve Blake Basketball Camp? (Check)

Email	Online Program Guide	Facebook	Other: _____
Flyer	Postcard	Twitter	
Website	Word of Mouth	Previous Player	