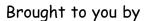


STEVE BLAKE'S ALL-STAR BASKETBALL CAMP 2007 JULY 9TH - 13TH

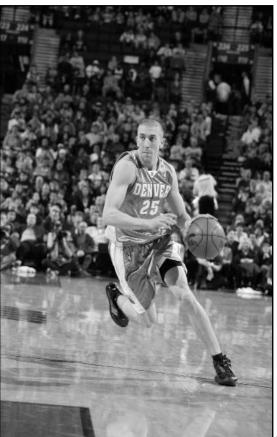












For Boys and Girls Ages 6-16 Cost: \$245 per camper 9:00am-3:00pm

Discovery Sports Center-Germantown, MD

Typical Camp Day

9:00 am--Morning Workout

10:00 am--Morning Game

11:00 am--Skill Development

12:00 pm--Lunch

1:00 pm--Daily Contests

2:00 pm-Afternoon Game

3:00 pm--Camp Day Ends

Camp Highlights

-Contests with Steve Blake

-Special Appearances by NBA Players

-Awards for Team and Individual Achievement

-Certified Trainer on Duty

-Free Camp T-Shirt -Camp Store

-Autograph Session with Steve Blake

Discovery Sports Cafe will be open for campers to purchase lunch or they may bring their own lunch in an unbreakable container.

Wear sneakers with non-marking soles and comfortable clothes.

For registration forms & more information, visit www.discoverysportscenter.org www.1on1basketball.com

Forms can also be picked up at the Discovery Sports Center lobby.

Before & After Child Care-Optional

8:00am-9:00am and 3:00pm-5:00pm--\$10 per child per hour Note: Add an additional \$5 for every 15 minutes after 5pm

Camp fills up fast...sign-up now!

Steve Blake All-Star Basketball Summer Camp 2007 Registration Form

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

For more information:

Call 1 on 1 Basketball at 202-244-2255 or Discovery Sports Center at 301-528-1480 or visit our websites for details and directions at www.1on1basketball.com or www.discoverysportscenter.org

		Ca	amper information		
Player's Na	me:	Birth Date (MM/DD/YY):			
Grade:	de: Gender: Age Shirt Size (please circle choice): S M L XL				
Parent's Na	ıme:				
City:		State:	Zip Code:		
Phone: (H)		(W	")	(C)	
Fax:		Email (r	mandatory):		
Child Care:	OptionalCheck	all that apply: 8an	m-9am 3pm-	-5pm (\$10 per hour/per child)	
Dates Need	led:	N	Number of Hours Need	ded:	
Payment: \$	245 per camper.	Fee includes all a	ppropriate fees, tax an	nd a \$50 non-refundable administration fe	
Amount Pai	d (include Child C	Care):\$	_		
Credit Card	: (Circle) Visa Ma	asterCard Card	Number:	Exp. Date: Zip Code:	
				Zip Code:	
_		0 1 0 1		Ocales Mosether made in manage	
Check: (Mad	de payable to Disco	overy Sports Center) Check Number:	Cash: Must be made in persor	
Conse	nt and Liability \	Waiver - Release	of all claims (must b	pe signed by parent or guardians)	
program operatinjury or proper release is inten agents, sponso arising out of or activity except of Center, Marylar PHYSICAL CO ACTIVITIES, ALINJURIES (INCIPARTICIPATIO AND HOLD HATHEIR AGENT BE LIABLE TO I attes which prohibit pleague, camp or any and all spoinspect and masports Center, I HAVIA RELEASE OF MY OWN FOR I also	tors, building contract ty damage which my ided to discharge in a ors, building contractor connected in any was for liability that may and SoccerPlex and the NTACT BETWEEN PND THAT PARTICIPACLUDING DEATH) ANN, NEVERTHELESS MARYLANDS, SPONSORS AND ME, MY MINOR CHIEST AND ME, MY MINOR CHIEST AND ME, MY MINOR CHIEST AND SOCCETPIEST CONTROLLY REAL MARYLAND SOCREE WILL.	tors, suppliers, employ minor child may sustand advance Maryland Society, suppliers, and emplay with my minor child irise out of the willful of leir agents, sponsors a PLAYERS, THAT SERIANTS IN SUCH SPORATION OF PROPERTY DA, I HEREBY AGREE TO SOCCER FOUNDADE EMPLOYEES WHO (ILD (OR OUR HEIRS 18) years old or older, lort. My child and I agal and agree that my childed by my child or by used, even if we have at their agents, sponso of THIS AGREEMENT (SELF AND MY CHILLE) CCCERPLEX AND TH	yees and Steve Blake or Be ain as a result of my child's cer Foundation, Discovery ployees from and against ar d's participation in the sports or wanton misconduct of Ma and employees. I FURTHE HOUS ACCIDENTS OCCAS RTING ACTIVITIES OCCAS AMAGE, AS A CONSEQUE THAT MY MINOR CHILD AN ATION, DISCOVERY SPOR (THROUGH NEGLIGENCE OR ASSIGNS) FOR DAMA and that my child is physic gree to follow all laws, rules will be and I are responsible for me for my child's use, and obtained any of the equipmors and/or employees. AND FULLY UNDERSTANI D AND A CONTRACT BETALIER AGENTS, SPONSORS	yland SoccerPlex and their agents, sponsors, ell Management for damages for death, personal participation in these sporting activities. This Sports Center, Maryland SoccerPlex and their ny and all liability, including for negligent actions, is league, program, camp, clinic or any other aryland Soccer Foundation, Discovery Sports R UNDERSTAND THAT SPORTS INVOLVE BIONALLY OCCUR DURING SUCH SPORTING BIONALLY SUSTAIN SERIOUS PERSONAL ENCE THEREOF. KNOWING THE RISKS OF ND I ASSUME THOSE RISKS AND RELEASE RTS CENTER, MARYLAND SOCCERPLEX AND E OR CARELESSNESS) MIGHT OTHERWISE AGES. Cally fit and has no known medical conditions and guidelines regulating the conduct of the or the mechanical and/or operating condition of all agree that my child and I will continuously ment from Maryland Soccer Foundation, Discovery ID ITS CONTENTS. I AM AWARE THAT THIS IS WEEN MYSELF, MY CHILD AND DISCOVERY SAND EMPLOYEES, AND I HAVE SIGNED IT	
Signature:				Date:	
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