



STEVE BLAKE ALL-STAR BASKETBALL CAMP

2018

ONE JAM PACKED COED CAMP FOR AGES 6-16

July 23 - July 27

FEE: \$325 PER CAMPER

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

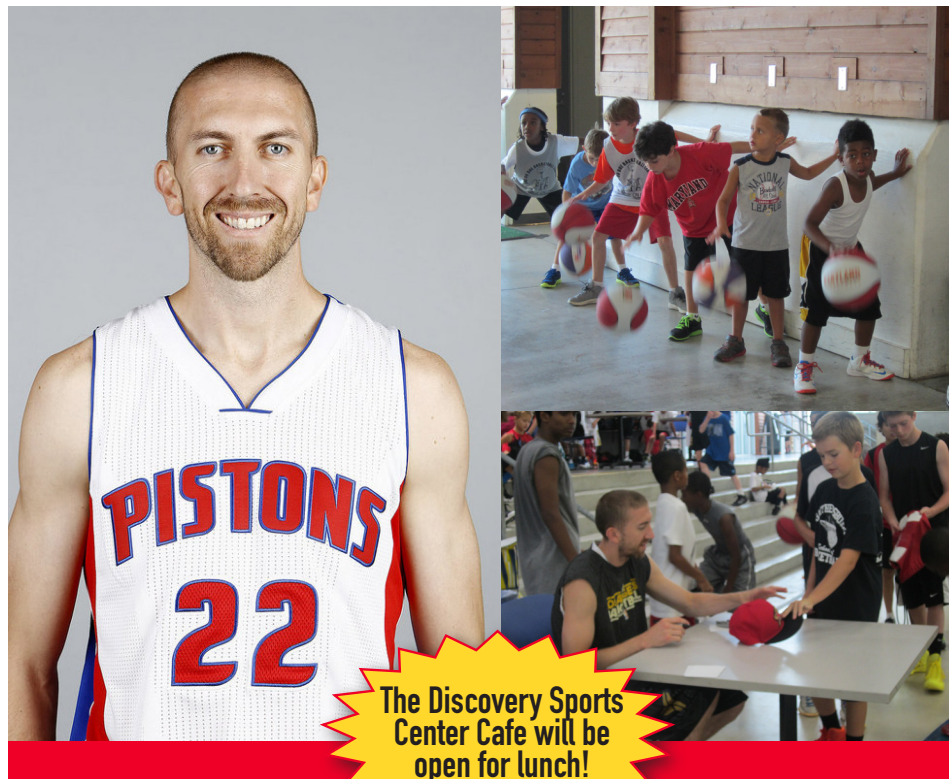
CAMP HIGHLIGHTS

- Contests
- Awards for team and individual achievement
- Free Camp T-Shirt
- Autograph Session with Steve Blake

EXTENDED CARE AVAILABLE

BY REQUEST:

8:00am - 9:00am
 3:00pm - 6:00pm
 \$10 per child per hour



**The Discovery Sports
Center Cafe will be
open for lunch!**



Discovery Sports Center • 18031 Central Park Circle, Boyds, MD 20841

Call 301-528-1480 or Visit www.mdsoccerplex.org

Call 202-244-2255 or Visit www.1on1basketball.com

Steve Blake Basketball Camp 2018

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

Camper Information

Name: _____ Shirt Size (Circle One): YS YM YL YXL AS AM AL AXL
Date of Birth: _____ Gender: (Check) Female Male
School Attending in Fall: _____ Grade: _____
Parent's/Guardian's Name: _____ Best Contact Number: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Emergency Contact: _____ Relation: _____ Phone Number: _____

Extended Care: (\$10/child/hour) 8-9am: _____ 3-4pm: _____ 3-5pm: _____ 3-6pm: _____ Dates Needed: _____

Note: Add additional \$5 for every 15 minutes after 6pm.

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 / Master / Discover Card 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: _____

Would you like to receive text messages from the Maryland SoccerPlex and/or SAM Soccer?

Yes or No