



# BASKETBALL CAMP SUMMER 2008 APPLICATION

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender (Circle One): **M F**

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

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size (Circle One): **YM YL AXS AS AM AL AXL AXXL**

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_  (Check box to receive email)

Are you on a school team? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school: \_\_\_\_\_ What level: \_\_\_\_\_

Are you playing/have you recently played on an AAU team? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what team: \_\_\_\_\_

Do you have any medical conditions which will affect your ability to participate in the

Hoopology program? Yes \_\_\_ No \_\_\_ If yes, what is it: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_



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Continued from other side

**I want to attend the following Hoopology Basketball Camp:**

**COMPLETE SKILLS + FUNDAMENTALS CAMP** Boys + Girls ages 8-11

Jul 14-16, 2008 - San Ramon **\$240**

Aug 11-13, 2008 - Irvine **\$240**

**HIGH INTENSITY** Boys + Girls ages 12-18

Jun 25-27, 2008 - Oakland **\$300**

Jul 7-10, 2008 - San Diego **\$375 BOYS ONLY**

Jul 21-24, 2008 - San Diego **\$375 GIRLS ONLY**

Aug 4-6, 2008 - San Ramon **\$300**

Aug 11-13, 2008 - Folsom **\$300**

Aug 18-20, 2008 - Las Vegas **\$300**

*Early Registration Discount: Save \$15 when you register before May 1, 2008*

*Sibling Discount: \$15 off for each athlete (2 or more)*

*Slam Dunk: Attend two camps and Save \$15 on each session*

Payment Method:  Visa  Mastercard  Amex Billing Address Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_ CW2 \_\_\_\_\_ Exp.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check No.: \_\_\_\_\_ *Make checks payable to:*  
**24 Hour Fitness P.O. Box 1498, San Ramon, CA 94583**

**RELEASE OF LIABILITY / ASSUMPTION OF RISK INDEMNITY** Participation in the Hoopology program and use of 24 Hour Fitness premises, services, equipment and facilities involves the risk of injury to you or your child, whether you or someone else causes it. Specific risks range in severity from minor injuries to major injuries, such as catastrophic injuries including death. In consideration of you and/or your child's participation in the activities or program offered by 24 Hour Fitness, you understand and voluntarily accept this risk and agree that 24 Hour Fitness, its officers directors, employees, volunteers, agents, property owners and managers and independent contractors. 24 Hour Fitness will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you or your minor child resulting from the negligence of 24 Hour Fitness or anyone on 24 Hour Fitness' behalf or anyone else whether related to participation in the Hoopology program or not. You understand and acknowledge that 24 Hour Fitness is providing recreational services and may not be held liable for defective products.

You understand that you and/or your child(ren) may be photographed, videotaped, or otherwise recorded, and you agree on behalf of yourself and/or your child(ren) that 24 Hour Fitness may use your and/or your child(ren)'s name and likeness (in any form and without regard to distortions of character, form or color, or any other alternation) in photographs, videotapes, audiotapes, and other media, without any additional consideration to you and/or your child(ren) or to any third party.

By signing below, you agree to the terms of this Release of Liability and Assumption of Risk on behalf of yourself and your minor child. You also represent that you are the parent or legal guardian of the program participant. You also agree to defend and indemnify 24 Hour Fitness from and against any claims, demands, causes of actions or lawsuits brought by the child or on his or her behalf for injuries or other damages whether or not caused by the negligence or other conduct of 24 Hour Fitness.

**Parent/Guardian Signature:** \_\_\_\_\_