

# STEVE BLAKE'S All-Star Basketball Camp July 13th - 17th, 2009

Brought to you by:



For Boys and Girls Ages 6-16

Cost: \$245 per camper

9:00am-3:00pm

Discovery Sports Center - Boyds, 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 Café will be open for campers to purchase lunch or they may bring their own lunch in an unbreakable container.**

**Please wear sneakers with non-marking soles and comfortable clothes.**

#### 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

For registration forms  
&

more information,  
visit [www.discoverysportscenter.org](http://www.discoverysportscenter.org)  
or [www.1on1basketball.com](http://www.1on1basketball.com)

**Or call 301-528-1480  
or 202-244-2255**

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

# Steve Blake All-Star Basketball Summer Camp - July 13th - 17th

## 2009 Registration Form

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: \_\_\_\_\_ Age: \_\_\_\_\_ Adult Shirt Size (please circle choice): S M L XL  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Fax: \_\_\_\_\_ Email (mandatory): \_\_\_\_\_  
Child Care: Optional--Check all that apply: 8am-9am \_\_\_\_\_ 3pm-5pm \_\_\_\_\_ (\$10 per hour/per child)  
Dates Needed: \_\_\_\_\_ Number of Hours Needed: \_\_\_\_\_  
**Payment:** \$245 per camper. Fee includes all appropriate fees, tax and a \$50 non-refundable administration fee.  
Amount Paid (include Child 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:** (Made payable to Discovery Sports Center) Check Number: \_\_\_\_\_ **Cash:** Must be made in person

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

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: \_\_\_\_\_