

San Antonio Spurs Roger Mason Jr's Shooting Stars Basketball Camp

Date: July 12th - July 16th

Cost: \$240.00 per camper for the week

Time: 9:00AM - 3:00 PM

Ages: Girls and Boys 7-14 years old



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 Games
- 3:00pm Camp Day Ends

Camp Highlights

- Contests with Roger Mason
- Special Appearances by NBA Players
- Team and Individual Players
- Certified Trainer
- Camp Store
- Camp T-Shirt
- Autographs with Roger Mason

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

Before & After Child Care
Optional

8am-9am & 3pm-5pm
\$10 per child per hour

Note:

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



Note: there will be an additional \$5 added for every 15 minutes after 5pm

Register on-line at www.discoverysportscenter.org

Or call 301-528-1480 for more information.

Roger Mason Jr's Shooting Stars Basketball Summer Camp - July 12-16

2010 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
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: \$240 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

How did you hear about Roger Mason Jr's Basketball Camp? (Circle)
Flier Internet Gazette Postcard Friend Other: _____

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, Camp, or Clinic. 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 and employees 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 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, camp or clinic 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: _____