



STACK Basketball Camp For Boys & Girls Summer 2016

Camper Information

Name: _____ Date of birth: _____
Address: _____ City: _____
State _____ Zip: _____ Male or Female _____
Home Phone: _____ Email address: _____
Shirt Size: _____ Grade in school as of 9-1-16 _____

Guardian Information (if applicable)

Guardian One's Name _____ Guardian Two's Name _____
Guardian One's Cell phone _____ Guardian Two's Cell phone _____

In Case of Emergency Notify

Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Camp Location

STACK Basketball Performance Center 300 Route 17 South Suite G Mahwah, NJ 07430

Camp Information *(Circle Weeks Attending)*

- July 5th-8th (5th-6th Grades) (4 day \$200)
 - July 11th-15th (2nd-4th Grades)
 - July 18th-22nd (7th-8th Grades)
 - July 25th-29th (5th-6th Grades)
 - August 1st-5th (2nd-4th Grades)
 - August 8th-12th (7th-8th Grades)
 - August 15th-19th (5th-6th Grades)
 - August 22nd-26th (2nd-4th Grades)
 - August 29th-Sep 2nd (2nd-8th Grades)

Quick Facts about Camp

Bring your own lunch
Professional athletic trainers on staff
Sports Performance Training and Shooting Gun included
2 games per player per day Contest with prizes and awards

\$250 per camper (\$25 Sibling Discount)

Mail Checks to STACK Sports: 300 Rt. 17 South Suite G Mahwah, NJ 07430 or Call with Credit Card

STACK SPORTS, LLC

This health insurance acknowledgement, injury waiver and release of liability is required by our facilities and programs as a precondition to their use and participation. ***NO INDIVIDUAL MAY PARTICIPATE UNTIL SUCH TIME AS THIS FORM IS COMPLETED, SIGNED AND RECEIVED BY STACK SPORTS, LLC.***

INDIVIDUAL WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY FORM

I, the undersigned, in consideration of being allowed to participate in an event or program sponsored by Stack Sports, LLC, Online Basketball Camp, LLC, or its related companies, acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and possibly death, and severe social and economic loss, which may result from my own action, inaction or negligence as well as the actions, inactions and negligence of others. I acknowledge that I have been advised to consult with a physician before participating in the event or program. In addition, I acknowledge that I currently possess health benefits totaling not less than twenty-five (25) thousand dollars. I hereby authorize the agents of Stack Sports, LLC, Online Basketball Camp, LLC, to act for me according to his/her best judgment in any emergency requiring medical attention

I further agree to inspect the premises and equipment before playing each game and if I deem any conditions to be unsafe, I will advise the appropriate persons and will refuse to play. I assume all of the foregoing risks and accept personal responsibility for any injury, disability or death and any damages, whether social or economic, and agree to release, waive, indemnify and hold harmless Stack Sports, LLC, Online Basketball Camp, LLC, its parents, subsidiaries and affiliated entities companies, officers, partners, directors, members, commissioners, referees, employees, agents, licensees, assigns, and facilities (hereinafter "Releases") from any and all liability to the undersigned, his or her heirs and next of kin, for any and all claims, demands, suits, costs, expenses, losses, awards, injuries or damages (including reasonable attorney fees and related costs) caused or alleged to have been caused by Releases to myself or my child/children in connection with his/her/their/my participation in any Stack Sports program, league, tournament or activity.

I HAVE READ THE ABOVE WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY AND I UNDERSTAND THAT I AM VOLUNTARILY GIVING UP CERTAIN RIGHTS BY SIGNING IT.

Adult Name: _____ Team Name: _____
Children Name(s) Age Grade _____

Parent Signature: _____

E-mail address: _____

Please complete the following emergency information

Street: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell _____