

MOTIVATION – PREPARATION – DEDICATION GILBERT BROWN FOUNDATION ALL-PRO FOOTBALL CAMP July 11-12-13, 2017

> North Division High School 1011 West Center Street Milwaukee, WI 53206

MORNING SESSION Tuesday – Thursday, 8:30am – 12:00 noon Ages 8 – 12 years old Lunch Provided

AFTERNOON SESSION

Tuesday – Thursday, 2:00 pm – 5:30pm Ages 13 - 17 years old Meal Provided

*** THIS CAMP IS FREE TO ALL

PARTICIPANTS***

CAMP SESSIONS ARE HELD RAIN OR SHINE CAMP OPEN TO NEW PARTICIPANTS ALL THREE DAYS

"TAKE YOUR GAME TO THE NEXT LEVEL" LEARN THE FUNDAMENTALS OF FOOTBALL FROM PROFESSIONAL PLAYERS

- ✓ WEAR A WHITE OR LIGHT COLOR T-SHIRT
- ✓ NO SAGGY/BAGGY CLOTHING ALLOWED
- ✓ NON-METAL FOOTBALL CLEATS ALLOWED
- ✓ NO HELMETS OR SHOULDER PADS ALLOWED

✓ NO BLUE JEANS

✓ NO FULL CONTACT ALLOWED

ADDITIONAL DOWNLOADABLE APPLICATIONS AVAILABLE AT:

Gilbert Brown Foundation: http://gilbertbrownfoundation.org/ Milwaukee Recreation Department: http://www.milwaukeerecreation.net

TO PRE-REGISTER, COMPLETE APPLICATION AND EMAIL, FAX, OR SEND VIA US MAIL:

EMAIL application(s) as attachment(s) to: <u>gilbertbrownfootballcamp@gmail.com</u>

FAX to: (414) 761-0946

Send by US MAIL to: GILBERT BROWN ALL-PRO FOOTBALL CAMP 2301 W Vista Bella Dr. Oak Creek, WI 53154

FOR QUESTIONS OR ADDITIONAL INFORMATION PLEASE CALL: (414) 943-3366

THIS IS A DROP-IN PROGRAM. CHILDREN LEFT AFTER CLOSE OF DAILY SESSION ARE NOT THE RESPONSIBILITY OF THE GILBERT BROWN FOUNDATION/ALL – PRO FOOTBALL CAMP

EACH PARTICIPANT MUST HAVE A COMPLETED & SIGNED APPLICATION (PAGE 2) BEFORE HE/SHE CAN PLAY

EACH PARTICIPANT REQUIRES A SEPARATE APPLICATION. IF SUBMITTING ELECTRONICALLY (E-MAIL), COMPLETE EACH FIELD AND SAVE A COPY OF THE FORM BY DOING A "SAVE AS", USING A DIFFERENT NAME FOR EACH FILE (FORM). SEND THE FORM(S) AS ATTACHMENT(S) TO: gilbertbrownfootballcamp@gmail.com

THIS FORM CAN BE PRINTED OUT AND COMPLETED MANUALLY. PLEASE PRINT LEGIBLY IN ALL FIELDS AND SIGN THE APPLICATION.

2017 GILBERT BROWN ALL-PRO FOOTBALL CAMP APPLICATION (JULY 11-13, 2017)

Participant Name (Last):			(First):	[Date of Birth: _	n://		
	ess:							
	:: Zip:							
Partic	cipant's Medical Restrictio	ns/Allergies:						
Parent/Guardian Name:			Primary Contact Number: ()					
Emergency Contact Name:			Emergency Contact Number: ()					
		TS OF MINORITY A	GE (UNDER THE A	AGE OF 18 AT	TIME OF REG	ISTRATIO	N)	
only t	is to certify that I, as paren to his/her release but also vement of participation in f	to release and indemn	nify those released f	from any and all I	iabilities incide			
Pare	nt/Guardian's Signatu AN ELECT	IRE RONIC SIGNATURE IN	MPLIES CONSENT E	C 3Y PARENT/GUA	Date Signed _. RDIAN	/	/	
	THIS FORM MUST BE READ AN ONS. <u>By signing this form A</u>						IES AND	
involv	DNSIDERATION of being allowers of the second s	f the Gilbert Brown All-F						
	The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rule, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.							
	I knowingly and freely assume all such risks; both known and unknown, even if arising from the negligence of those releases or others, and assume full for my participation; and,						e full responsibility	
	I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or unnecessary hazard du presence or participation, I will bring such to the attention of the nearest official immediately; and,						hazard during my	
	For myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the <u>Gilbert Brown All-Pro Foot</u> <u>Camp/Gilbert Brown Foundation</u> , their officers, officials, agents, and/or employees ("releases"), with respect to any and all injury, paralysis, dismember disability, death, and/or loss or damage to person or property whether caused by the negligence of the releases or otherwise, except that which is the resul gross negligence and/or wanton misconduct.							
	Emergency treatment permission: I know that <u>Gilbert Brown All-Pro Football Camp/Gilbert Brown Foundation</u> does not carry medical or accident insurance family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual agree to emergency treatment by a physician or hospital in the event I cannot be reached.							
	I, personally and on behalf of my child, hereby give releases, or any one of them, permission to use my and/or my child's name, photograph, quotations a likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.							
	I, personally and on behalf of my child, understand that the <u>Gilbert Brown All-Pro Football Camp/ Gilbert Brown Foundation</u> , and their representatives responsible for any negligent behavior that may occur while my child is participating in the camp.						atives are not	
	I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing and sign it freely and voluntarily without any inducement.						ts by signing it,	

I understand that I have the right to bargain the terms of this contract **prior** to signing it.