

MORNING SESSION

Tuesday – Thursday,

8:30am – 12:00 noon Ages 8 – 12 years old

Lunch Provided

MOTIVATION – PREPARATION – DEDICATION GILBERT BROWN FOUNDATION ALL-PRO FOOTBALL CAMP July 10-11-12, 2018

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

> > **AFTERNOON SESSION**

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

*** THIS IS A FREE CAMP OPEN TO ANYONE*** CAMP SESSIONS ARE HELD RAIN OR SHINE AND 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
- ✓ NO BLUE JEANS

- ✓ NON-METAL FOOTBALL CLEATS ALLOWED
- ✓ NO HELMETS OR SHOULDER PADS ALLOWED
- ✓ 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. IF PARTICIPANT HAS NOT BEEN PRE-REGISTERED, HE/SHE SHOULD BRING A COMPLETED AND SIGNED APPLICATION TO CAMP; OR A PARENT/GUARDIAN OVER 18 CAN REGISTER THEM AT THE CAMP. 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 ALSO BE PRINTED OUT AND COMPLETED MANUALLY. PLEASE PRINT LEGIBLY IN ALL FIELDS AND SIGN THE APPLICATION.

2018 GILBERT BROWN ALL-PRO FOOTBALL CAMP APPLICATION (JULY 10-12, 2018)

| Partic Name | sipant (Last): | (First): _ | | Date of Birth: | / / | _/ / YYYY |
|-----------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| Addre | SS: | Ар | ot #: | _City: | | |
| State: | Zip: | EMAIL: | | | | |
| Partic | ipant's Medical Restrictio | ns/Allergies: | | | | |
| Parent/Guardian Name: | | | Primary Contact Number: () | | | |
| Emer | gency Contact Name: | | _ Emergency (| Contact Number: (|) | |
| This is only to | FOR PARTICIPAN s to certify that I, as parent o his/her release but also t | 18 ALL-PRO FOOTBALL TS OF MINORITY AGE (UNDE /guardian with legal responsibil o release and indemnify those r hese programs for myself, my h | ER THE AGE (lity for the parti released from a | OF 18 AT TIME OF RE icipant, have read and d iny and all liabilities inci | GISTRATIO | N) d agree not |
| Pare | nt/Guardian's Signatu | re | | Date Signe | d/ | <u>/</u> |
| | AN ELECTI | RONIC SIGNATURE IMPLIES CO | INSENT BY PA | RENT/GUARDIAN | | |
| | |) SIGNED BEFORE THE PARTICIPANT ND CHECKING EACH BOX, THE PARTI | | | | IES AND |
| involve | | wed to participate in any way in th the <u>Gilbert Brown All-Pro Football</u> e that: | | | | |
| | | s involved in this program is significant, in sonal discipline may reduce the risk, the r | | | | |
| | I knowingly and freely assume all a for my participation; and, | such risks; both known and unknown, ever | n if arising from the n | regligence of those releases or | others, and assum | ne full responsibility |
| | | e stated customary terms and conditions ng such to the attention of the nearest offi | | | ial or unnecessary | / hazard during my |
| | Camp/Gilbert Brown Foundation, | heirs, assigns, personal representatives, their officers, officials, agents, and/or el amage to person or property whether cau nisconduct. | mployees ("release | es"), with respect to any and a | all injury, paralysis | s, dismemberment, |
| | family's own health insurance mu | : I know that <u>Gilbert Brown All-Pro Footba</u> st assume responsibility in the event of inj y a physician or hospital in the event I car | jury. I understand th | <u>own Foundation</u> does not carry nat every precaution is taken to | / medical or accid protect the safety | ent insurance. My of each individual. |
| | | child, hereby give releases, or any one of promotions performed in connection with | | | | |
| | | child, understand that the <u>Gilbert Brown A</u> avior that may occur while my child is part | | | and their represent | tatives are not |
| | I have no all this nations of the life | and an unstitute of side and an ant fully a | | | | |

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 it, and sign it freely and voluntarily without any inducement.

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