

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.