MOTIVATION-PREPARATION-DEDICATION

GILBERT BROWN FOUNDATION



July 8th - 10th 2025

BRADLEY TECHNOLOGY & TRADE SCHOOL





MORNING SESSION Tuesday – Thursday, 8:30am – 12:00 noon Ages 8 – 12

LUNCH PROVIDED

Tuesday – Thursday, 2:00 pm – 5:30pm Ages 13 – 17 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:

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: GBAPKCAMP@GMAIL.COM

JEANNETTE: (414) 943-3366

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

TELEPHONE APPLICATIONS ARE NOT ACCEPTED

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 qbapkcamp@gmail.com

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

2025 GILBERT BROWN ALL-PRO FOOTBALL CAMP APPLICATION (JULY 8TH -10TH 2025)

Partio	cipant (Last):		(First):		Date of Birth:			/	
	ess:								
	: Zip:								
	sipant's Medical Restriction								
Parer	nt/Guardian Name:		Primary	Primary Contact Number: ()					
Emer	gency Contact Name:		Emergency Contact Number: ()						
<u>G</u> This is	ILBERT BROWN 20	25 ALL-PRO FONTS OF MINORITY	OOTBALL ACKN AGE (UNDER THE A	OWLEDGE AGE OF 18 AT	MENT OF U T TIME OF RE	NDEF GISTR	RSTA ATION ent and	NDING: N) agree not	
involv	rement of participation in nt/Guardian's Signat	these programs for l		gns and next o	f kin. Date Signed		-		
	THIS FORM MUST BE READ AN DNS. <u>By Signing This Form</u>							ES AND	
involve	NSIDERATION of being all ement under the auspices o wledge, appreciate and agr	of the Gilbert Brown Al							
	The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death a 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 al for my participation; and,	om the negligence o	gence of those releases or others, and assume 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 duri 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 Camp/Gilbert Brown Foundation</u> , their officers, officials, agents, and/or employees ("releases"), with respect to any and all injury, paralysis, dismemble 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 gross negligence and/or wanton misconduct.							dismemberment,	
	Emergency treatment permission: I know that <u>Gilbert Brown All-Pro Football Camp/Gilbert Brown Foundation</u> does not carry medical or accident insurant 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 include to emergency treatment by a physician or hospital in the event I cannot be reached.							nt insurance. My of each individual.	
	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 are 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 liabilit and sign it freely and voluntarily		agreement, fully understand it	ts terms, understand	d that I have given u	p substa	ntial right	ts by signing it,	
	I understand that I ha	ave the right to ba	argain the terms of	this contract	t prior to sign	ning it.			