



HOOPS CAMP

REGISTER Complete both pages of this form and do one of the following:
|Call| 503.797.9747 |Fax to| 503.736.2194
|Mail to| One Center Court, Suite 200 Portland, OR 97227

CAMPER DETAILS

Participant's Name: _____

Parent/Guardian's Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's E-Mail: _____

Phone (Day): _____ Phone (cell): _____

Grade: _____ Birth date (mm/dd/year): _____ Male ___ Female ___

Adult t-shirt size (✓): S ___ M ___ L ___ XL ___

School _____ League _____

How long have you been playing organized basketball? _____ years

How did you hear about the camp? _____

How often do you attend Trail Blazers games? 20+ per year 10-19 per year 5-9 per year Fewer than 5 a year never been

PAYMENT INFORMATION

Name on card: _____

Credit Card (check one): VISA ___ MC ___ Card # _____ CID # _____ Expiration Date: _____
(3 or 4 digit security code)

If paying by check, please make checks out to Trail Blazers Inc. On the subject line of your check please write the name of the camp.

Trail Blazers 2012-13 Regular Season Hoops Camp

Each camper will receive two tickets to a Trail Blazers home game and early entry access 30 minutes prior to the general public to watch shoot around and warm-ups. Campers also receive a Hoops Camp jersey and the chance to meet a current Trail Blazers player or alumni. Each camp day take place from 9 AM-4 PM.

July 22-26, Trail Blazers Summer Hoops Camp, \$400

Jackson Middle School, 10625 SW 35th Ave., Portland, OR 97219

If you are serious about developing the same skills as the Trail Blazers, this is the camp for you. Five days of Trail Blazers basketball, with instruction from Trail Blazers Head Coach Terry Stotts and other special guests throughout the week. Each camper gets excellent basketball instruction, lots of playing time, and two tickets to a 2013-14 Trail Blazers regular season game.

QUESTIONS?

Ian Jaquiss | 503.797.9747 | ian.jaquiss@trailblazers.com

For more details visit trailblazers.com/makeitbetter





CAMPER WAIVER AND MEDICAL INFORMATION

Participant's Name: _____

Parent/Guardian's Address: _____

MINOR WAIVER & RELEASE OF LIABILITY

In consideration of the opportunity to participate in a basketball camp on July 1, 2013– June 30, 2014 ("Event"), the undersigned agrees as follows:

1. I am the Parent or Legal Guardian of _____, who is between the ages of 7 and 13 and who wishes to participate in or observe the Event ("Participant").
2. I hereby release, waive and discharge Trail Blazers Inc. ("TBI"), Rip City Management LLC d/b/a Portland Arena Management and AEG Facilities, Inc., the National Basketball Association and its Member Teams and each of their respective affiliate companies, parents, subsidiaries, officers, directors, agents and employees (collectively "Releasees"), from all liability to Participant, to me and to my and Participant's conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death, or damaged property, arising out of Participant's attendance at and participation in the Event.
3. I hereby release, waive and discharge Releasees from all liability to Participant, to me and to my and Participant's conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death, or damaged property, arising out of any negligence relating in any way to the Event.
4. I also hereby agree to indemnify Releasees and hold each and all of them harmless from any claim or demand on account of injury or damage that Participant or I may suffer as a result of participation in the Event.
5. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of Releasees.
6. I understand that participating in the Event is done on a purely voluntary basis. I understand that basketball activities can, in some cases, cause injuries, including potentially severe injuries, and severe social and economic losses. I am familiar with the potential risks involved in basketball activities, and I assume all such risk.
7. I acknowledge that I have the opportunity to inspect the equipment, facilities, and either have done so or will do so, and I hereby waive any claim Participant or I may have with respect to the use, design or operation of the equipment or facilities involved in the Event and/or that participant may use.
8. The numbered paragraphs of this Release and Waiver of Liability are severable.
9. I have read the above agreement and release of waiver and liability and understand that by signing it I have given up substantial rights. I sign this agreement voluntarily.
10. By signing this agreement I consent to the use of Participant's name, voice, photograph or other likeness or attribute in any and all media by Releasees without any additional authorization, notification, compensation or inspection.
11. I agree to all the terms of this Agreement and confirm that all the facts in this document are true.

Name of Participant (please print)

Signature of Parent or Gardian

Date

Name of Parent or Gardian (please print)

CONSENT FOR MEDICAL CARE AND TREATMENT

I, _____ (parent or legal guardian's name, referred to herein as "Legal Guardian"), authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for

(name of camper)

(referred to herein as "Participant") if I cannot be reached in case of emergency.

(date) (signature of parent or legal guardian)

PARTICIPANT'S MEDICAL INFORMATION

Last Tetanus immunization: _____

Allergies: _____

Chronic Condition (e.g. Asthma): _____

Regular Medication: _____

Participant's Physician: _____

Medical Insurance Carrier: _____

Policy Number: _____