

Summer Youth Camp Registration Form

2018 Camper Information:

Camp: _____

Full Name: _____ Age: _____

GRIC Tribal # _____ District: _____ D.O.B.: _____ Male/Female: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

(if different from above)

Parent/Guardian Information:

Parent/Guardian Name: _____

Main Number: _____ Alt. Number: _____

Message Number: _____ Email: _____

Emergency Contact if Parent/Guardian cannot be reached:

Contact Name: _____ Number: _____

Relationship to Camper: _____

Camper Medical Information:

Please list any allergies, disorders, or medical ailments that may require special maintenance, attention, or medication (ie. Diabetic, asthmatic, A.D.D etc.) or

Medical Diagnosis: _____

Prescribed Medication: _____ Dosage: _____

Additional Information: _____

The following have my permission to pick up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Is there anyone that is not able to pick up your child? Y/N

If answered yes please provide name of whom child may not be released to.

Name: _____ Relationship: _____

Camper Participation Agreement

I understand that in consideration for the opportunity to participate in the summer youth camps offered by the Gila River Indian Community under the Health Initiative Program is a privilege. I understand that I am representing the Gila River Indian Community and my Family at the offsite camps. As a participant I will abide to the following conditions (please initial)

I will:

___ respect the individual rights, safety, and property of others.

___ not use obscene and/or discriminatory language or roughhousing.

___ not be insubordinate to chaperones, coordinators, or camp staff.

___ abide by all rules of the program and all camp activities.

___ fully participate in all activities at the camp to the best of my ability.

___ not leave the camp site or approved area without permission from chaperone or guardian.

If I do not abide by the above conditions, I understand this could result in disciplinary action to include:

- Sending youth home at cost of parent/guardian.
- Barring the youth member from future Health Initiative Programs.
- Being held responsible for the cost of damages and repairs in the event of damage/destruction of property.

By signing below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff may, at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense.

Youth Camper Name: _____ Date: _____

Parent/Guardian Agreement

As the parent or guardian of the youth camper participant, I have read and understand the above camper participation agreement. I accept full responsibility for my child/ren while participating in the approved camp. In the event of a serious and/or life threatening illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by attending physician or dentist.

Parent/Guardian Signature

Name: _____ Date: _____

Please turn in all applications to the CPAO Office located within the Governance Center or email to special.events@gric.nsn.us. If you have any questions please contact the Special Events Coordinator at 520-562-9713.

PAYMENT OPTIONS

Please complete and return with payment or register online today at jrsuns.com.

FULL PAYMENT

- \$350 Full Payment - Day Camp - North West Valley
- \$350 Full Payment - Day Camp - South East Valley
- \$495 Full Payment - Overnight Camp

CREDIT CARD PAYMENT *(CHECK ONE)*

- MasterCard
- Visa
- AMEX

Cardholder _____

Cardholder Address _____

Card # _____

Exp. Date _____ Security Code (3 or 4 digit #) _____

Signature _____

PARENTAL WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT FORM

By signing this form, I represent and warrant that I am the parent or legal guardian of the participant, a minor ("Camper"), with the authority to sign this document on the Camper's behalf, and I acknowledge that I am aware of the dangers and risks to Camper involved in participating in the 2018 Phoenix Suns Basketball Camp(s) (the "Camp"). Suns Legacy Partners, LLC d/b/a the Phoenix Suns, the National Basketball Association, the operator of any facility where Camps are held, and their respective parents, subsidiaries, affiliates, promotional partners, and entities involved in the development, implementation, or handling of the Camp and other persons associated with the Camp and their respective boards, officers, and employees (collectively, "Released Parties"), have no responsibility or liability for injury or death resulting from the Camp. Camper and I acknowledge and agree that the Released Parties are permitting Camper to participate in the Camp in reliance upon this form. In consideration for being allowed to voluntarily participate in the Camp, on behalf of myself, Camper, Camper's personal representatives, heirs, next of kin, successors, and assigns, I forever: (a) waive, release, and discharge the Released Parties from any and all liability for Camper's death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to Camper and Camper's estate as a direct or indirect result of Camper's participation in the Camp; and (b) agree to defend, indemnify, and hold harmless the Released Parties from and against any and all claims of any nature including, without limitation, all costs expenses and attorneys' fees, which in any manner result from Camper's participation in the Camp. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent allowed by law. I, the parent or legal guardian of Camper, affirm that I am freely signing this form. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me and Camper regarding any injury, losses or death Camper may sustain as a result of participation in the Camp.

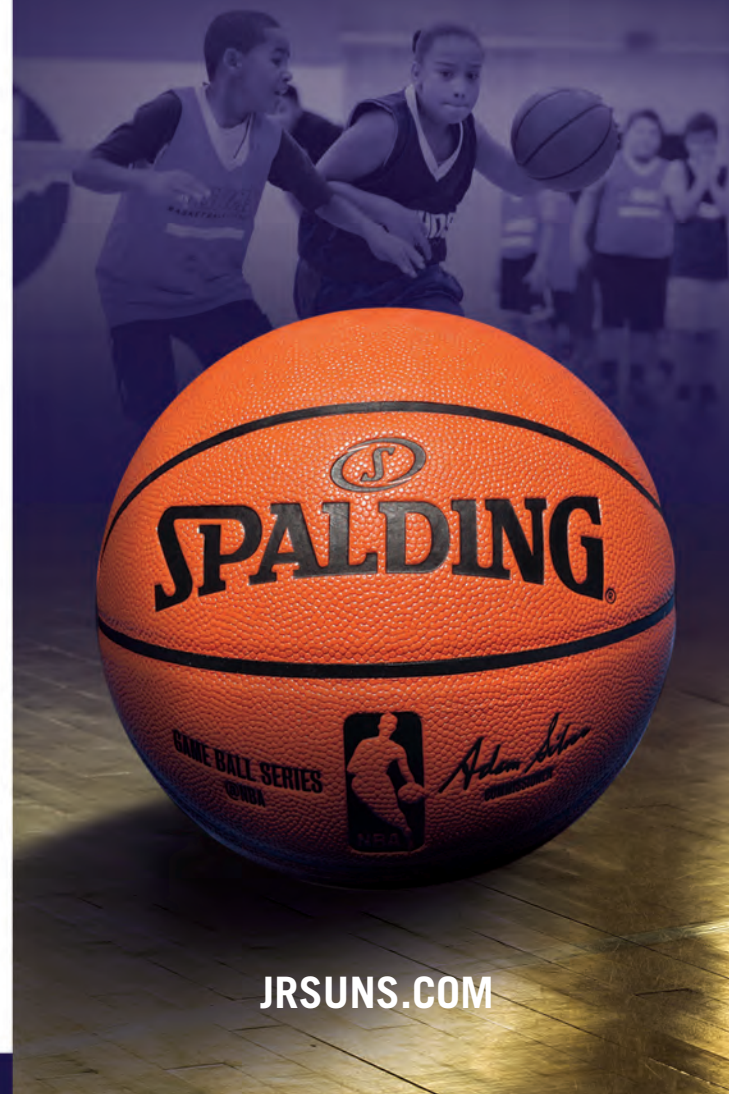
Parent/Guardian Signature _____ Date _____

For questions or inquiries, please call 602-594-CAMP or email camps@suns.com

MAIL APPLICATION TO:
PHOENIX SUNS BASKETBALL CAMPS
201 E. JEFFERSON ST.
PHOENIX, AZ 85004
OR FAX TO: 602-379-7540



201 E. JEFFERSON ST.
PHOENIX, AZ 85004



JRSUNS.COM



GET TO CAMP!

The Phoenix Suns Basketball Camps offer the finest one-on-one instruction in a safe, positive atmosphere for boys and girls, ages 6-17.

It's the perfect camp experience for every hoop-loving kid from beginners looking to learn about the game to advanced players needing to hone their skills.

Learn all about the "ins" and "outs", the tips and tricks, the drills and skills that can help any youngster love this game even more! Personal attention from experienced coaches under the watchful eye of a certified athletic trainer... everything you would expect from a Suns Basketball Camp and more!

HANDS-ON INSTRUCTION

Camps include visits and hands-on instruction from...

ALVAN ADAMS

Suns Ring of Honor Member

STEVEN HUNTER

Former Suns Center and NBA veteran...a guy who knows how to work the paint!

TIM KEMPTON

Current Suns Broadcaster and former NBA big man.

SUNS COACHES

A member of the Suns Coaching Staff will be on hand to offer their expertise on the game!

PHOENIX SUNS PLAYERS

PHOENIX MERCURY PLAYERS

PLUS, MANY OTHERS!

DAY CAMP 2018 - NORTH WEST VALLEY

\$350

WEDNESDAY, JUNE 13 - SUNDAY, JUNE 17
Thunderbird High School in Phoenix, AZ

JUNE 13	11:00 AM - 1:00 PM 1:00 PM - 5:00 PM	CAMP REGISTRATION CAMP IN SESSION
JUNE 14-16	9:00 AM - 4:30 PM	CAMP IN SESSION LUNCH PROVIDED
JUNE 17	9:00 AM 12:00 PM 12:45 PM	CAMP BEGINS AWARDS CEREMONY CAMP ENDS

DAY CAMP 2018 - SOUTH EAST VALLEY

\$350

TUESDAY, JUNE 19 - SATURDAY, JUNE 23
Higley High School in Gilbert, AZ

JUNE 19	11:00 AM - 1:00 PM 1:00 PM - 5:00 PM	CAMP REGISTRATION CAMP IN SESSION
JUNE 20-22	9:00 AM - 4:30 PM	CAMP IN SESSION LUNCH PROVIDED
JUNE 23	9:00 AM 12:00 PM 12:45 PM	CAMP BEGINS AWARDS CEREMONY CAMP ENDS

OVERNIGHT CAMP 2018

\$495

WEDNESDAY, JUNE 27 - SUNDAY, JULY 1
Pine Summit Camp in Prescott, AZ

Room and board will be provided. All campers must report to Pine Summit Camp on June 27 between 1:00 p.m. and 3:00 p.m. for registration. Awards Ceremony held on July 1 at 11:00 a.m. Camp ends at 12:00 p.m. on July 1.

EACH CAMPER RECEIVES:

- ▶ Expert one-on-one instruction
- ▶ Autograph from a Suns celebrity
- ▶ Official reversible camp jersey
- ▶ Official camp backpack
- ▶ Official camp t-shirt
- ▶ Official camp hat
- ▶ Phoenix Suns basketball
- ▶ Free ticket to a Suns pre-season home game during the 2018-19 season
- ▶ Free ticket to a Mercury home game in July or August during the 2018 season
- ▶ Chance to meet Suns and Mercury celebrities
- ▶ Lots of game action
- ▶ Plus much, much more!

REGISTRATION FORM

Please complete and return with payment or register online today at jrsuns.com.

Camper's Name _____

Age at date of camp _____

Male Female

Address _____

City _____

State/Zip _____

Parent/Guardian Name _____

Daytime Phone _____

Evening Phone _____

E-mail Address _____

JERSEY/T-SHIRT SIZE - PLEASE SELECT ONE

Jerseys are roughly the same size as a t-shirt. If your camper wears his jersey over a t-shirt or prefers a loose, baggy fit, please order one size up from normal.

YOUTH:

- Small
- Medium
- Large

ADULT:

- Small
- Medium
- Large
- X-Large
- XX-Large

SELECT CAMP SESSION

DAY CAMP 2018 - NORTH WEST VALLEY

Wednesday, June 13 - Sunday, June 17
Thunderbird High School in Phoenix, AZ



DAY CAMP 2018 - SOUTH EAST VALLEY

Tuesday, June 19 - Saturday, June 23
Higley High School in Gilbert, AZ



OVERNIGHT CAMP 2018

Wednesday, June 27 - Sunday, July 1
Pine Summit Camp in Prescott, AZ



JRSUNS.COM

**ENROLLMENT IS LIMITED, SO
RESERVE YOUR SPOT TODAY!**

PARTICIPATION AGREEMENT, WAIVER OF LIABILITY, AND INDEMNIFICATION
THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY.

Acknowledgment of Assumption of Risk. By signing this form, I represent and warrant that I am the parent or legal guardian of the participant, a minor ("Camper"), with the authority to sign this document on the Camper's behalf, and I acknowledge that I am aware of the dangers and risks to Camper involved in participating in the 2018 Phoenix Suns Basketball Camp(s) (the "Camp"). Camper and I understand that the Camp involves risks to Camper which could result in serious injury or death. We also understand that there are potential risks which may presently be unknown. Because of the dangers of participating in the Camp, Camper and I recognize the importance of complying with, and Camper agrees to, and I shall ensure that Camper fully complies with, the applicable laws, policies, rules and regulations, and any supervisor's instructions or posted warnings regarding participation in the Camp. Minor and I have the right and responsibility to inspect all equipment and facilities prior to the Camp and, if we believe that anything may be unsafe, we will advise the Camp supervisor or the condition and may refuse to participate. **Participation means that we consent to these terms.** Suns Legacy Partners, LLC d/b/a the Phoenix Suns, the National Basketball Association, the operator of any facility where Camps are held, and their respective parents, subsidiaries, affiliates, promotional partners, and entities involved in the development, implementation, or handling of the Camp and other persons associated with the Camp and their respective boards, officers, and employees (collectively, "Released Parties"), have no responsibility or liability for injury or death resulting from the Camp. I agree that the Camper voluntarily elects to participate in the Camp with knowledge of the dangers and risks involved, that I have warned Camper of the dangers and risks involved, and Camper and I agree to accept and assume any and all risks of property damage, personal injury, or death. Camper and I acknowledge and agree that the Released Parties are permitting Camper to participate in the Camp in reliance upon this agreement and our release and waiver.

Waiver of Liability and Indemnification. In consideration for being allowed to voluntarily participate in the Camp, on behalf of myself, Camper, Camper's personal representatives, heirs, next of kin, successors, and assigns, I forever: (a) waive, release, and discharge the Released Parties from any and all liability for Camper's death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to Camper and Camper's estate as a direct or indirect result of Camper's participation in the event; and (b) agree to defend, indemnify, and hold harmless the Released Parties from and against any and all claims of any nature including, without limitation, all costs expenses and attorneys' fees, which in any manner result from Camper's participation in the Camp. On behalf of myself and Camper, I waive any right to a trial for any claims arising out of the Camp, and agree that all claims shall be exclusively decided applying Arizona law by a single arbitrator, with arbitration to be held in Phoenix, Arizona. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent allowed by law. I, the parent or legal guardian of Camper, affirm that I am freely signing this form. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me and Camper regarding any injury, losses or death Camper may sustain as a result of participation in the Camp. I agree that if any portion is held invalid, the remainder will continue in full force and effect and that if, notwithstanding this release, an action is brought on behalf of myself and/or Camper for damages arising out of such participation which requires Released Parties to expend attorneys' fees and costs, I agree to indemnify and hold Released Parties harmless for and against all such fees and costs.

Promotional Use. On behalf of myself and Camper, I agree that the Released Parties may use Camper's likeness, without compensation, including but not limited to, photographs, taken while Camper is at Camp, in any promotional and advertising materials, including but not limited to, videos, commercials, catalogs, product brochures, flyers, posters, newsletters, websites and any other promotional or advertising literature.

NOTICE TO CAMPER'S PARENT OR LEGAL GUARDIAN. READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THE CAMP, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THE CAMP. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR MINOR CHILD PARTICIPATE IF YOU DO NOT SIGN THE FORM.

Name of Minor: _____

Age of Minor: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Printed Name of Parent/Legal Guardian: _____

APPROVAL FOR MEDICAL TREATMENT

I, the parent or legal guardian of the unemancipated minor named above, do hereby delegate to the Camp's employees or agents, the authority to seek, obtain and approve any medical care and treatment for the above named minor, which in their judgment is necessary for the health and well-being of the above named minor during his/her stay at the Camp. Further, to the greatest extent permissible by law, I shall indemnify and hold harmless, the Released Parties from and against any and all Claims arising out of any action taken in seeking and obtaining medical care and treatment for the above named minor, regardless of whether or not the injury or damages are caused in part by the Released Parties. I agree not to sue the Released Parties for any such injuries or damages the above named minor may sustain. I agree that the final authority to grant permission to participate in Camp rests with the Camp's medical staff. I authorize the medical staff to release any information required in applying for payment on my behalf, and I assign payment to those medical vendors for all services they may render. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and will serve as a specific consent to all treatment or hospital care. I understand that I am responsible for any costs incurred, which are not covered by insurance. I understand that I should contact my own insurance carrier to obtain additional insurance for the above named minor, if necessary.

Signature of Parent/Legal Guardian: _____

Date: _____

INSURANCE INFORMATION SHEET
CAMPERS MUST HAVE ON FILE BEFORE CAMP BEGINS TO PARTICIPATE
THERE WILL BE NO EXCEPTIONS!

CAMPER'S NAME: _____

(Please check box for the camp you are attending)

NW Valley/Thunderbird HS SE Valley/Higley HS Prescott/Pine Summit

We strongly urge that your child have a physical prior to attending the Phoenix Suns Basketball Camp.

_____ The above named camper was examined by a physician within one (1) year of the starting date of camp and was found to be in good health and able to participate in camp activities without restriction. (We do **NOT** need a copy of child(s) physical or insurance card.)

The above named camper has the following health problems (e.g., Drug allergies, diabetes, or any other problems that need to be known to the staff):

Said camper must be covered by medical insurance to participate in ANY camp activities. If camper does not have private medical insurance or INSURANCE INFORMATION the camper must purchase the Camp Insurance Policy at a price of \$75.00 per camper. Please be advised that should the camper require medical attention, any costs not covered by insurance (private or the camp's) are the parent/guardian's responsibility, and are RESPONSIBLE to pay for the remaining portion of the bill.

Also, Phoenix Suns Basketball Camp must have private insurance information even if you purchase the camp policy. Our camp insurance policy is a secondary policy that will pay any balance, to the stated limits, AFTER BILLING TO YOUR PRIVATE INSURANCE. If you do not have insurance or your insurance rejects payment, we must have proof of this to process the claim. Therefore, for any camp insurance claim to be processed we must receive: 1) Proof of rejection of the claim from your private insurance carrier or evidence of partial payment by your insurance, and 2) Copies of all related bills. The camp's company can determine, via computer, whether a camper has private insurance, but has not provided that information.

REGRETFULLY, NO ONE MAY ATTEND OUR CAMPS WITHOUT A COMPLETED INSURANCE INFORMATION SHEET AND THE DISCLAIMER OF LIABILITY AND CONSENT FORM.

Enclosed is the \$75.00 for Camp Insurance Policy.
(please check box only if you do not have personal insurance coverage and would like to purchase the camp policy)

PRIVATE INSURANCE INFORMATION

Camper Name: _____ Birth date: _____

Policyholder's Name: _____

Relationship: _____

Emergency Telephone Numbers: (____) _____

(Minimum of Two) (____) _____

Name of Insurance Co.: _____ Group Number: _____

Phone Number of Insurance Co.: _____ Service Code: _____

Subscriber #: _____

A PHOTOCOPY OR SCAN OF THIS FORM SHALL BE CONSIDERED AS EFFECTIVE AND AS VALID AS THE ORIGINAL, BUT A PHOTO OF THE FORM CANNOT BE ACCEPTED
PLEASE SEND FORM BACK AS SOON AS POSSIBLE TO:

Phoenix Suns Basketball Camps
201 E. Jefferson
Phoenix, AZ 85004

FOR YOUR CONVENIENCE, INSURANCE FORMS MAY BE FAXED TO (602) 379-7540