



**Professional Instructor**  
**Coach Brooks Barnhard**

Coach Brooks Direct Line: 619/850-2209  
 Email: [coachbrooks@play-bc.com](mailto:coachbrooks@play-bc.com)

*"Thanks Coach Brooks, my son is still talking about the camp. It was awesome."*  
**Parent**

**Camp Information**

- ~ Emmanuel Faith CC Gymnasium  
 ~639 E. Felicita Ave., Escondido, 92025
- ~ Monday, August 4 - Friday, August 8  
 ~ 9:00 a.m. - Noon
- ~ Boys and Girls - 3rd through 8th grade
- ~ Camp Fee: **\$125**  
 ~Mail Form to:  
 PLAY Basketball Clinics PMB #202  
 16625 Dove Canyon Road, Suite #102  
 San Diego, CA 92127-3490

**Clinic Schedule**

- 30 minutes - Warm up and Stretch
- 30 minutes - Basketball Clinic
- 30 minutes - Station Drills
- 30 minutes - Christian Speakers and Time Out w/ coaches
- 1 hour - Team and Individual Competitions

**EACH CAMPER RECEIVES  
 CUSTOM T-SHIRT &  
 BASKETBALL**

**\*\*\*SPACE IS LIMITED**



Full Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ codeefcc  
 Parent/Guardian's Full Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Day Phone Number: \_\_\_/\_\_\_-\_\_\_\_\_  
 Payment Enclosed: \$ \_\_\_\_\_ (payable to **PLAY Basketball Clinics**)

In the case of an emergency and if I cannot be reached, I authorize the staff of PLAY Basketball Clinics to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

In consideration of being permitted to participate in any way in PLAY Basketball Clinics, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue PLAY Basketball Clinics and its employees from liability from any and all claims including the negligence of PLAY Basketball Clinics and its employees resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in PLAY Basketball Clinics.

Participation in PLAY Basketball Clinics carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises and sprains to major injuries such as eye injury or loss of sight, joint injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I agree to indemnify and hold harmless PLAY Basketball Clinics and its affiliates, predecessors and successors, owners, partners, agents, officials, employees and representatives (collectively, the "Corporations Parties") from and against any and all actions, demands, liabilities, losses, claims, damages, costs or expenses, including without limitation court costs and attorneys' fees (collectively, the "Claims"), brought as a result of my child's involvement in PLAY Basketball Clinics and to reimburse them for any such expenses incurred.

In case any provision of this Agreement shall be invalid, illegal or unenforceable, such provisions shall be severed from this Agreement. The validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

I hereby authorize PLAY Basketball Clinics to allow the reproduction, dissemination and or publication of my name or likeness for media coverage, public relations, or any other purpose that may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in PLAY Basketball Clinic event (s) and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event (s), nor will I receive any payment for the possible commercial use of my name or likeness.

I have read this entire Agreement, and I fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_