



Office Use Only
Payment Type: _____
Payment Amount: _____
Jersey#: _____

**2009 HEADLINER TRY OUT CAMP
REGISTRATION FORM**

Please fill out the registration form completely; print neatly. The information you provide will be used only for the purpose of the Headliner Try Out Camp. Return the Registration Form by mail or fax by the **Wednesday** before Camp begins. Spots are reserved on a first-come, first-served basis.

Player Information:

Player Name: _____ Parent/Guardian: _____

Birthdate: / / Age: E-mail: _____

Home Phone: () _____ Cell Phone: () _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Emergency Contact Phone: () _____

2008-2009 Basketball Information:

High School: _____ School Coach: _____

Summer Coach: _____ Summer Coach Email: _____

Height: _____ Weight: _____ Position: _____ Graduation Year: _____

Uniform Size: Circle One: Jersey: L XL 2XL 3XL _____

**YOU MUST RETURN THIS FORM NO LATER THAN THE WEDNESDAY BEFORE THE CAMP BEGINS!
PLEASE INDICATE THE REGION YOUR ARE REGISTERING FOR. (Check One)**

Atlanta, GA <input type="checkbox"/>	Chicago, IL <input type="checkbox"/>	Houston, TX <input type="checkbox"/>	Louisville, KY <input type="checkbox"/>
San Francisco, CA <input type="checkbox"/>	Dallas, TX <input type="checkbox"/>	Jackson, MI <input type="checkbox"/>	Philadelphia, PA <input type="checkbox"/>
Boston, MA <input type="checkbox"/>	Los Angeles, CA <input type="checkbox"/>	Jacksonville, FL <input type="checkbox"/>	Washington D.C. <input type="checkbox"/>

Payment Options: CASH NOT ACCEPTED

__ Enclosed is my check or money order for **\$125.00** made payable to **DRIVEN ATHLETICS**

__ Bill my Visa/MasterCard/American Express/Discover. Card # _____

Exp. Date _____

Please Fax or Mail Form to: Fax: (866) 719-1895

Mail: Headliner Try Out Camp
c/o Driven Athletics
P.O. Box 744
Poulsbo, WA 98370



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2009 HEADLINER TRY OUT CAMP INSURANCE/CONSENT FORM

Insurance Information:

Player Name: _____

Do your parents have medical insurance? Circle One: Yes No

If yes, please list the name, address and phone number of the insurance carrier:

Name of Insured Member: _____ Relationship to Player: _____

Insurance Company: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Insurance Company Phone: () _____

Policy/Group Number: _____

Please list medical history, allergies, injuries and medications that concern your son.

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Atlanta, GA <input type="checkbox"/>	Chicago, IL <input type="checkbox"/>	Houston, TX <input type="checkbox"/>	Louisville, KY <input type="checkbox"/>
San Francisco, CA <input type="checkbox"/>	Dallas, TX <input type="checkbox"/>	Jackson, MI <input type="checkbox"/>	Phoenix, AZ <input type="checkbox"/>
Boston, MA <input type="checkbox"/>	Los Angeles, CA <input type="checkbox"/>	Jacksonville, FL <input type="checkbox"/>	Philadelphia, PA <input type="checkbox"/>
			Washington D.C. <input type="checkbox"/>

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P.O. Box 744
Poulsbo, WA 98370



Headliner Try Out Camp Release and Indemnity Agreement

Participant Name: _____ Age: _____

Parent/Guardian Name (if participant is under 18): _____

Emergency Telephone Number: () _____ Date: _____

LIABILITY RELEASE AND INDEMNITY AGREEMENT Please read carefully before signing

I understand that the sport of **basketball**, and other sports, (collectively “Recreational Sports”) involve inherent and other risks of **INJURY** and **DEATH**. **I voluntarily agree to expressly assume all risks of injury or death** that may result from these “Recreational Sports”, or which relate in any way to the use of any equipment that may be provided for participation in these “Recreational Sports”.

On behalf of myself and any minor children entrusted to my care (hereinafter “Participant”), I hereby agree to release and indemnify Reebok and Driven Athletics, LLC and their parent companies, subsidiaries and all of their respective officers, directors, employees, agents, successors, and assigns (collectively “Reebok and Driven Athletics, LLC”) from all liability for injury, death, property loss, and damage arising out of or in connection with my or my child’s participation in “Recreational Sports” at the Headliner Try Out Camp (hereinafter “Event”) and the use of any facility at Event, including, but not limited to basketball courts, hotels, exercise facilities or locker rooms. This release and indemnity agreement includes claims based upon negligence by “Reebok and Driven Athletics, LLC” and any other person or cause. I further agree to pay “Reebok and Driven Athletics, LLC” all costs and legal fees expended defending against such claims or lawsuits as well as any sum paid as a result of any judgment or settlement.

I further agree to grant to **Reebok, Driven Athletics, LLC** and sponsorship partners the absolute right and permission to use, publish, broadcast, and copyright any and all material done in connection with the Event and Participant, including Participant’s voice recording, name, picture, and likeness, or any material based on or derived from, in any manner whatsoever, for purposes of advertising or trade in promoting and publicizing adidas brand products and events.

Consent is hereby given to Participant to participate in the Event and permission is given for any emergency medical treatment which may become necessary.

If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE AND INDEMNITY AGREEMENT.

Participant Signature: _____ Date: _____

Parent/Guardian: I verify that I am the parent or guardian of the Participant, I have the authority to enter into agreement on behalf of the Participant, and I agree to be bound by the terms and conditions of this agreement.

Parent/Guardian Signature: _____ Date: _____