



**DO NOT WRITE:Office Use Only**

Payment Type:\_\_\_\_\_

Payment Amount:\_\_\_\_\_

Jersey#:\_\_\_\_\_

## 2009 PROVING GROUND REGIONAL COMBINE REGISTRATION FORM

Please fill out the registration form completely; print neatly. The information you provide will be used only for the purpose of the Proving Ground Regional Combine. Return the Registration Form by mail or fax by the **Tuesday** 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 Shoe Size: \_\_\_\_\_

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

Atlanta, GA	<input type="checkbox"/>	Chicago, IL	<input type="checkbox"/>
Boston, MA	<input type="checkbox"/>	Houston, TX	<input type="checkbox"/>
		Jacksonville, FL	<input type="checkbox"/>

### **Payment Options: CASH NOT ACCEPTED**

\_\_\_ Enclosed is my check or money order for **\$200.00\*** 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: Proving Ground Regional Combine  
c/o Driven Athletics  
P.O. Box 744  
Poulsbo, WA 9837

\*Enrollment: \$125.00 Player Kit (Uniform, Shoes, T-Shirt): \$75.00



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## 2009 Proving Ground Regional Combine 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 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Atlanta, GA	<input type="checkbox"/>	Chicago, IL	<input type="checkbox"/>
Boston, MA	<input type="checkbox"/>	Houston, TX	<input type="checkbox"/>
		Jacksonville, FL	<input type="checkbox"/>

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 Proving Ground Regional Combine 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 \_\_\_\_\_ ner 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 on 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: \_\_\_\_\_