



Parental Release Form

Welcome to Advantage Basketball Camps

Thank you for signing up for one of our annual Advantage Basketball Camps. For those of you who are returning from years past, thank you for your faith and your continued support. For the new players, welcome! You're going to have a great time! Please come prepared to work hard. You will need to bring a basketball, water bottle, lunch, and a snack. (Lunch will be from noon to 1:00pm during all-day camps.) Please write your name on your basketball and on your lunch/water bottle.

You must bring a Basketball to camp with you. Basketballs will not be available at the camp.

The camp will be held at the location for which you registered. For address and directions, go to the website, www.advantagebasketball.com, find your camp in the registration section, then click on the "(map)" link, or use an online map site. All-day camps are typically from 9:00am to 5:00pm. Please be on time to pick up your kids at the end of each day. Check-in and registration will begin 30 minutes prior to the start time on the first day of your selected camp. All paperwork must be filled out and signed by a parent or guardian. No one can participate without a signed Parental Release form and a signed Medical Release form. Forms are to be submitted at the clinic. (Do not mail these forms.)

Waiver, Release, Assumption of Risk

I understand that my participation in AAU, Hummel Enterprises Inc., Advantage Basketball Camps, or Washington Girls Select Basketball involves risk and dangers of serious and permanent bodily injury or death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge, and agree not to sue AAU, Hummel Enterprises Inc, Advantage Basketball, Michael Hummel, Washington Girls Basketball Inc., its Clubs / Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners / Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social / recreational activities. I certify that the participant named below is in good health, but if an injury occurs, I authorize the camp staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an extreme emergency, I authorize the emergency personnel to take proper action. I also understand Hummel Enterprises Inc., Advantage Basketball, or Washington Girls Select Basketball retains the right to use for publicity and advertising, photographs and video taken of the participants.

Participant's name: _____

Parent/guardian name (print): _____

Parent/guardian signature: _____

Remember to bring a basketball to camp with you

Advantage Basketball Camps
P.O. Box 1344, Lynnwood, WA 98046
Phone: 425-670-8877

For further information, please see our website at: www.advantagebasketball.com
or send e-mail to: info@advantagebasketball.com