

# GRIC Summer Youth Camp Registration Form

## 2019 Camper Information:

Camp: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*\*Physical address is required\*\***

## Parent/Guardian and Emergency Contact:

Parent/Guardian Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Main Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Email (Required for camp confirmation): \_\_\_\_\_

## Additional Emergency Contact if Parent/Guardian cannot be reached:

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.H.D, Autism, etc.) or

Medical Diagnosis: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Is there anyone that is not able to pick up your child? Y/N If answered yes please provide name of person or persons.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I verify that all the above information is accurate. In the event of a serious/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

\_\_\_\_\_  
Date



## Gila River Indian Community

Office of the Treasurer

Finance Department

Post Office Box # 2160

Sacaton, Arizona 85247-2160

(520) 562-2500

(520) 562-1070 (fax)

The person signing below hereby:

1. Acknowledges that the Gila River Indian Community (the "Community") is a federally recognized Indian tribe and that the seven (7) Districts (the "Districts") within the Community are tribal governmental bodies of the Community;
2. Acknowledges that the Community the Districts are protected by the doctrine of tribal sovereign immunity, are not subject to suit by the undersigned, and that the Community and Districts have not waived their immunity from suit with respect to any claims, demands, or causes of action asserted by the undersigned;
3. Acknowledges that the person participating in the trip (the "trip") described below either is not employed by the Community or any of the Districts or is participating in the trip for reasons unrelated to such employment;
4. In consideration and acceptance of the planned trip to and from designated camp location and Sacaton, AZ and all places in between the trip, the undersigned hereby releases, waives, and discharges the Community and the Districts, their officers, elected officials, employees, authorized agents, and representatives from any and all responsibility, claims, demands, and causes of action, including those causes of actions arising directly or indirectly from personal injuries or property damage sustained or incurred in connection with the trip.
5. The foregoing release, waiver, and discharge shall be effective and enforceable: (a) notwithstanding the fact that the Community or the Districts may pay all or part of the undersigned travel expenses or reimburse the undersigned for all or part of such expenses and; (b) notwithstanding any negligent acts or omissions of the part of the Community, the Districts, their officers, elected officials, employees, or authorized agents or representatives.
6. The person signing below acknowledges that he/she has carefully read this Acknowledgment and Release, that he/she understands all of its terms, and the he/she signs below voluntarily on his/her own behalf or on behalf of his/her minor child or ward for whom he/she signs as lawful guardian.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

If applicable, print name of your child or  
Ward participating in the trip.

\_\_\_\_\_  
Name of child or ward

Dated: \_\_\_\_\_

\_\_\_\_\_  
Witness

## PAYMENT OPTIONS

Please complete and return with payment or register online today at [jrsuns.com](http://jrsuns.com).

### FULL PAYMENT

- ☐ \$350 Full Payment - Day Camp - North West Valley  
☐ \$350 Full Payment - Day Camp - South East Valley  
☐ \$525 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 2019 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](mailto:camps@suns.com)

MAIL APPLICATION TO

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



**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 at either of our day camps and ages 8-17 at our overnight camp.

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 2019 - NORTH WEST VALLEY \$350

**TUESDAY, JUNE 11 - SATURDAY, JUNE 15**

**Thunderbird High School in Phoenix, AZ**

<b>JUNE 11</b>	11:00 AM - 1:00 PM 1:00 PM - 5:00 PM	CAMP REGISTRATION CAMP IN SESSION
<b>JUNE 12-14</b>	9:00 AM - 4:30 PM	CAMP IN SESSION LUNCH PROVIDED
<b>JUNE 15</b>	9:00 AM 12:00 PM 12:45 PM	CAMP BEGINS AWARDS CEREMONY CAMP ENDS

## DAY CAMP 2019 - SOUTH EAST VALLEY \$350

**TUESDAY, JUNE 18 - SATURDAY, JUNE 22**

**Williams Field High School in Gilbert, AZ**

<b>JUNE 18</b>	11:00 AM - 1:00 PM 1:00 PM - 5:00 PM	CAMP REGISTRATION CAMP IN SESSION
<b>JUNE 19-21</b>	9:00 AM - 4:30 PM	CAMP IN SESSION LUNCH PROVIDED
<b>JUNE 22</b>	9:00 AM 12:00 PM 12:45 PM	CAMP BEGINS AWARDS CEREMONY CAMP ENDS

## OVERNIGHT CAMP 2019 \$525

**WEDNESDAY, JUNE 26 - SUNDAY, JUNE 30**

**Pine Summit Camp in Prescott, AZ**

Room and board will be provided. All campers must report to Pine Summit Camp on June 26 between 1:00 p.m. and 3:00 p.m. for registration. Awards Ceremony held on June 30 at 11:00 a.m. Camp ends at 12:00 p.m. on June 30.

### 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 socks
- ▶ Phoenix Suns basketball
- ▶ Free ticket to a Suns pre-season home game during the 2019-20 season
- ▶ Free ticket to a Mercury home game in July or August during the 2019 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](http://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 thier jersey over a t-shirt or prefers a loose, baggy fit, please order one size up from normal.

#### YOUTH:

- ☐ Small  
☐ Medium  
☐ Large

#### ADULT:

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

### SELECT CAMP SESSION

#### ☐ DAY CAMP 2019 - NORTH WEST VALLEY

Tuesday, June 11 - Saturday, June 15  
Thunderbird High School in Phoenix, AZ



#### ☐ DAY CAMP 2019 - SOUTH EAST VALLEY

Tuesday, June 18 - Saturday, June 22  
Williams Field High School in Gilbert, AZ



#### ☐ OVERNIGHT CAMP 2019

Wednesday, June 26 - Sunday, June 30  
Pine Summit Camp in Prescott, AZ





**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**

**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 2019 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: \_\_\_\_\_

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**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: \_\_\_\_\_