Welcome to 2014 NBC Day Camps at

Dow Centennail Centre ● Competition Basketball Camp
Gender of Campers: Male & Female, 13-17 year olds

The information in this packet is **VERY IMPORTANT**, so please read it thoroughly, fill out the enclosed forms and **BRING THEM WITH YOU TO CAMP.** Feel free to call us with any questions at our toll free number – 1+(800) 406-3926 Mon-Fri 9:00am – 4:00pm Pacific Time.

CHECK-IN AT CAMP

Date: 7/28/2014
Time: 3:00 PM
Location: The Link - the area that connects the main building to the gym.
Be sure to look for signs posted all around the location pointing you towards the check-in stations.

CAMPER/PARENT ORIENTATION

Time: 3:15 PM
Location: Gymnasium

LAST DAY OF CAMP

Date: 8/01/2014
Closing Program Time: 5:00 PM
Location: Gymnasium
Camp End Time: 5:30 PM

DRIVING DIRECTIONS

Visit www.maps.google.com for directions.
Dow Centennial Center
8700 84 St
Fort Saskatchewan, AB T8L 4P5

CAMP HOURS

3:30pm - 5:30pm

QUESTIONS DURING CAMP EMERGENCY PHONE

If you need to contact a camper after normal business hours, call 1-800-406-3926, press zero and then "1" for your call to be forwarded to a person on call. If this is an emergency please call the camp director, Luke Lavorato, 780-982-6661 only during camp dates. All other calls should be directed to the central office during normal business hours.

MEDICAL RELEASE WAIVER

You must bring the completed Medical Release Waiver form with you to camp. **Campers cannot be admitted without these forms**. If you are attending more than one camp, you must have a release form for each week of camp. Copies are allowed.

HEALTH AND SAFETY

Health services are provided by Camp Director or athletic therapists depending on the size of the camp. Emergencies will always be handled by local hospitals or clinics at the parent's expense. We will provide your insurance information from your medical release to the facility and you will be notified.

DROP OFF AND PICK UP AT CAMP

Safety is our number one priority. You may have anyone drop off your camper – just make sure they have their Medical Release Waivers completed and signed. In order for a camper to be picked up by someone other than the

parent or guardian, a phone call to the director and a written note is needed to release a camper.

CHECKLIST OF THINGS TO BRING FOR DAY CAMPERS

- ❒ Signed Medical Release Waiver
- ❒ Athletic Shoes
  2 pairs of shoes – gym, outdoor court shoes
- ❒ Basketball (indoor/outdoor ball)
- ❒ Athletic Gear
  Everything you need to wear for your sport.
- ❒ Letter Writing Supplies (Day 3)
  Please bring a pen, pencil, paper, envelope and stamp.
- ❒ Water Bottle
- ❒ Notebook
  You may wish to record what you are learning. If you are 13 or older, you may also try-out for our highest award, the Golden Ruler.

Note: Campers are expected to wear appropriate athletic clothing. No cut-off t-shirts or shorts, No spaghetti strapped tanks, for girls and shirts must be worn over sports bras. If we feel a camper is not dressed like an athlete or too immodestly, we will request he or she change outfits.

DO NOT BRING TO CAMP

Tobacco products, alcohol, or non-prescription drugs are prohibited and will result in immediate expulsion from camp without refund or credit. Use of electronic devices such as, CD/DVD players, ipods, or other electronics are prohibited. Cell phones are only to be used during breaks and should be shut off at other times. NBC Camps is not liable or responsible for lost and/or stolen items at camp.

INTERNATIONAL TOURS

Athletes ages 14-19 (must be 14 by January 1, 2015) may apply for a spot on one of our International Tour Teams. We have basketball, volleyball or soccer teams that travel overseas and compete. The tours include sightseeing, home stays/hotel accommodations, very competitive games, and life skills development. Click on the links below for Tour Application Forms or visit www.nbccamps.com/tours.for more information.

Athletic Information Sheet
Confidential Reference Form

NBC CAMPS FORMULA FOR SUCCESS

NBC Camps emphasizes the importance of goal setting, gratitude, positive attitude, integrity, leadership and a strong personal faith. Camps are founded on Christian principles including a belief in Jesus Christ. Campers from all faiths attend. Every camper is important, one we value and honor.

REGISTRATION & CANCELLATION POLICY

Once registered, if you have to cancel for any reason, you will receive a camp credit for all Camp Tuition* payments made, valid through the following summer, for any NBC Camp activity, and transferable to an immediate family member only.

CANCELLATION PROTECTION "Our Peace of Mind Policy"

Can be purchased for $35 USD per camp session for most camps.** With cancellation protection purchase, if you cancel by the "balance due" date you will receive a refund of all Camp Tuition* payments made.

*Registration Fee and Cancellation Protection Fee are Non-refundable.

** Cancellation Protection is not available for College Prep Camp. Once you have been accepted to this premier camp and you accept terms all fees become non-refundable.

BALANCE DUE DATES

- *For camps that start in May or June, final payments are due May 1.*
- *For July Camps, the balance is due June 1.*
- *For August Camps, the balance is due July 1.*

LABEL PERSONAL ITEMS

Don't forget to label every article of clothing, equipment and other items that you bring to camp. Label Daddy peel and stick washable labels are super durable labels for the gear you bring to camp! Design your own labels – pick from many colors, sizes and logos, including MLB and NBA team logos, other sport logos, Disney and Marvel characters and more. Save 10% when you go to www.labeldaddy.com and use promo code USSC at checkout.

TO MAKE CHANGES OR ASK QUESTIONS

To make changes to your camp, please contact NBC Camps at (800) 406-3926 or send an email to nbc@nbccamps.com. If you need to cancel this registration please review our cancellation and refund policies above prior to contacting us. It is important that you include your confirmation number(s) whenever you contact us.

NBC Camps
10003 N. Division, Suite 100
Spokane, WA 99218

Phone: (509) 466-4690
Toll Free Phone: (800) 406-3926
Fax: (509) 467-6289
Email: nbc@nbccamps.com
Website: www.nbccamps.com

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CAMPER'S NAME:_____ Provincial HC#_____

NBC BASKETBALL CAMPS, LLC

HEALTH & RELEASE FORM

BRING THIS FORM WITH YOU TO CAMP

(You will not be admitted to camp without this form, completed and signed on both sides!)

SPORT _____ CAMP LOCATION _____ CAMP DATES _____

Sex: _____ Birthday: _____ Age: _____ Weight: _____ Height: _____

Address _____ City _____ Province _____ Postal Code _____

Home Phone (_____)_____ Work Phone (_____) _____ E-Mail _____

My Phone Number while named camper is at camp (if different from above) (_____)_____

Person to contact in the event I cannot be reached _____

Relation: _____ Phone number of emergency contact person (_____)_____

HEALTH & GENERAL HISTORY: If the camper should be restricted from any activity please note: _____

_____

If the camper will be taking medication during camp, please indicate name of drug and dosage:_____

_____

Please identify any medical condition or medical history that would require special attention: _____

ASTHMA: If your child requires an inhaler please be sure that they bring it to camp and carry it with them at all times.
ALLERGIES: If your child requires an epi-pen please be sure that they bring it to camp and carry it with them at all times.

IMMUNIZATIONS UP TO DATE? Yes No (Circle one)
If No, which are not?_____

Physician's Name: _____ Telephone (_____) _____

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Dated: _____ Parent or Guardian:_____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name:_____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____ , give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over-the-counter remedies. (Tylenol, Sudafed, etc.) Please initial this box if you do not want your child to receive over-the-counter medications. ☐

I HAVE READ THE POLICIES AND FULLY UNDERSTAND MY OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF NBC BASKETBALL CAMPS, LLC, A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF THE STATE OF WASHINGTON, AND HERBY AGREE TO ACT IN ACCORDANCE. I further agree that I have read and understand the "NBC Camps Formula for Success" and grant NBC Camps, LLC and its employees the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I also agree that my child may be transported by bus and/or camp vehicle to an off-site gymnasium or for emergency medical treatment.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated:_____ Parent or Guardian: _____

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of my minor child/ward _____ ("my child") being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Camp, NBC Basketball Camps, LLC, a limited liability company formed under the laws of the State of Washington, its affiliates, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: _____ **Parent or Guardian**_____

Agreement to Arbitrate Disputes

IN THE EVENT OF ANY DISPUTE PERTAINING TO ANY PROVISION OF THIS AGREEMENT, OR PERTAINING TO THE SERVICES RENDERED PURSUANT TO THIS AGREEMENT, OR IN ANY WAY RELATED TO ATTENDANCE AT THIS CAMP, INCLUDING ANY CLAIM FOR PERSONAL INJURY OR OTHER LOSS, INCLUDING ANY CLAIM AGAINST NBC, USSC, INC, ANY DIRECTOR, EMPLOYEE OR AGENT OF THE CAMP OR OF ANY FOREGOING ENTITY, EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, BY CLAIM FILED, BEFORE JAMS IN SAN FRANCISCO, CALIFORNIA, TO BE ARBITRATED HERE OR SUCH OTHER VENUE AS DEEMED APPROPRIATE BY THE JAMS ARBITRATOR, SUCH ARBITRATION TO PROCEED UNDER THE JAMS RULES. In the event either party to this agreement incurs any expense as a result of the other party's failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney's fees. In the arbitration itself, each party shall bear its own attorneys' fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

A) ARBITRATION SHALL BE FINAL AND BINDING ON THE PARTIES.
B) THE PARTIES HERETO ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL.
C) PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS.
D) THE ARBITRATOR'S (S) AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY'S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATOR (S) IS STRICTLY LIMITED.
E) THE ARBITRATOR OR PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE AN ATTORNEY OR JUDGE, ACTIVE OR RETIRED.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT. _____

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify NBC Basketball Camps, LLC, its affiliates, officers, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

Dated: _____ **Parent or Guardian:** _____

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