



Lisle Camp Application

PLEASE FILL OUT AND RETURN THIS FORM BY JULY 1, 2009 TO:

MOSES CHEEKS SLAM DUNK FOR DIABETES BASKETBALL CAMP

MONICA JOYCE - 9812 SOUTH DAMEN- CHICAGO, IL 60643

PARENT/GUARDIAN NAME

CAMPERS NAME

HOME PHONE NUMBER

CAMPERS DATE OF BIRTH

AGE

SEX

EMERGENCY CONTACT (name & phone)

DATE OF CAMPERS DIAGNOSIS

ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

CAMPERS T-SHIRT SIZE PLEASE CIRCLE YOUTH/SMALL Y/MED Y/L ADULT/SMALL A/MED A/LG A/XL A/XXL

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE: As a parent or legal guardian for (the Participant) I hereby give my consent to Participants participation in the program to be held in Lisle IL. I acknowledge that participation in the program involves the risk of personal injury to participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns hereby (I) fully release and discharge the Chicago Professional Sports Limited Partnership, Chicago Bulls Limited Partnership, and CBLs Corporation, The National Basketball Association, and its team members, NBA Properties, Inc. Roelab Athletic Instruction, LLC, Chicago White Sox, LTD., Chisox Corporation and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees), from any and all claims, demands, liabilities or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasee.

Signature: _____

Date: _____

Parents and /or Guardian must attend check-in to meet with the medical staff.

The Moses Cheeks Slam Dunk Basketball Camp is open to boys and girls with diabetes ages 5 to 18 years old.

Tuition is free, but space is limited to 30 participants per session.