



Mark Campbell Basketball Camps at Union University

CAMPER NAME (First Last): _____

PARENT/GUARDIAN NAME (First Last): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PARENT/GUARDIAN CELL PHONE NUMBER: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

AGE: _____ GRADE IN THE FALL: _____ SCHOOL: _____

T-SHIRT SIZE: (YOUTH) ___S ___M ___L (ADULT) ___S ___M ___L ___XL ___XXL

Is this the campers first time to attend the Union University Bulldog Basketball Camp? YES or NO

How did you first hear about Union University Bulldog Basketball Camps?

☐ Word of mouth

☐ Internet search

☐ Brochure from my school

☐ Social media/Radio

☐ Email

☐ Other (if other, please specify) _____

PLEASE CHOOSE FROM THE OPTION(S) LISTED BELOW. COMPLETE THE BLANKS NEXT TO THE CAMP(S) OF YOUR CHOICE.

Checks are payable to **MARK CAMPBELL BASKETBALL CAMPS AT UNION UNIVERSITY**

RECREATON CAMP, May 27-30, 9 AM - 3 PM, Boys & Girls Ages 6-14.....**\$207** x _____ camper(s) = \$_____ TOTAL

GIRLS FUNDAMENTALS DAY CAMP, June 2-5, 9 AM - 12 Noon Ages 7-17**\$138** x _____ camper(s) = \$_____ TOTAL

GIRLS SHOOTING DAY CAMP, June 2-5, 1 PM - 4 PM, Ages 7-17.....**\$138** x _____ camper(s) = \$_____ TOTAL

BOTH FUNDAMENTALS & SHOOTING DAY CAMP, June 2-5, 9 AM - 4 PM, Ages 7-17 **\$254.50** x _____ camper(s) = \$_____ TOTAL

RECREATON CAMP, July 14-17, 9 AM - 3 PM, Boys & Girls Ages 6-14**\$207** x _____ camper(s) = \$_____ TOTAL

GIRLS FUNDAMENTALS & GAMES BOARDING CAMP, July 21-24, Ages 9-17

BOARDING OPTION **\$382** x _____ camper(s) = \$_____ TOTAL

COMMUTING OPTION **\$339.50** x _____ camper(s) = \$_____ TOTAL

GRAND TOTAL:\$ _____

Checks are payable to MARK CAMPBELL BASKETBALL CAMPS AT UNION UNIVERSITY

Applications should be mailed to: Head Basketball Coach Mark Campbell
Union University
1050 Union University Drive
Jackson, TN 38305



Payments are due in full when mailing in the application.
All payments include a 15% non refundable cancellation fee.

Mark Campbell Basketball Camps at Union University

Release and Waiver of Liability

This activity is being offered through **Mark Campbell Basketball Camps at Union University** in Jackson, TN. As used herein, "**Mark Campbell**" includes **Mark Campbell Basketball Camps** and their employees, agents, officers, directors, and affiliates. Furthermore, as used herein, "Union University" includes Union University and its employees, agents, officers, directors, and affiliates.

Activity: Mark Campbell Basketball Camps **Date(s): 5/27/25-8/5/25**

I, the undersigned, hereby release **Mark Campbell & Union University** from all liability of injury arising from the participation of or incident to the below-named child at the **Mark Campbell Basketball Camps**. I also authorize **Mark Campbell & Union University** personnel to seek and obtain medical aid for said youth if, in their judgment, such action is warranted, should the child sustain an injury while participating at the **Mark Campbell Basketball Camp**. I further agree to surrogate **Mark Campbell & Union University** in any loss sustained by them personally out of my child's participation.

I hereby certify I am the parent or guardian of, _____ ("Participant"), and I acknowledge that I am entering into this waiver and release of liability knowingly and voluntarily and I confirm the Participant is in good physical condition and is capable of participating in this program. I understand that **Mark Campbell & Union University** only provides secondary health insurance for individuals participating in activities made available or sponsored by **Mark Campbell & Union University**. As such, my personal health insurance will be responsible for the payment of medical services and care for any injuries sustained during the designated activity. In the event that medical attention is required, I understand that every attempt will be made to contact me at the emergency number(s) provided. If contact with me is not possible, I give permission for qualified emergency care personnel to hospitalize, secure treatment for, and take whatever medical action(s) necessary to treat the Participant. I hereby authorize **Mark Campbell & Union University** to contact me about the Participant's physical or mental health during the program if they deem it advisable to do so.

I hereby release, waive, indemnify, and hold harmless **Mark Campbell & Union University** as defined above from any and all damages, claims, liabilities, responsibilities, or other expenses for personal injury or property damage resulting in whole or in part from, or otherwise in connection with, the Participants activities. The Participant understands they must abide by **Mark Campbell & Union University** rules, policies, and procedures, in addition to any specific rules that may apply to the specified activity, and will follow the direction of the group leader(s) at all times.

I hereby grant **Mark Campbell & Union University** unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or video graphic matter, in any and all media, and for any purpose allowed by law for the promotion and marketing of the camp. I hereby release **Mark Campbell & Union University**, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above. I understand that the photographs taken by the staff or their designers of **Mark Campbell & Union University** will be included in the Department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of **Mark Campbell & Union University**.

I acknowledge that I have read this document carefully and fully understand its contents. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.

EMERGENCY CONTACT:

Mother: _____ Cell: _____

Father: _____ Cell: _____

Other: _____ Cell: _____

Signature: _____ Date: _____