



David Niven 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 **DAVID NIVEN BASKETBALL CAMPS AT UNION UNIVERSITY**

PEE WEE CAMP, May 27 - 30, 9 AM - 12 Noon, Boys & Girls Ages 4-6.....**\$100** x _____ camper(s) = \$ _____ TOTAL

BOYS FUNDAMENTALS & GAMES BOARDING CAMP, June 23-26, Ages 9-17

BOARDING OPTION.....**\$360** x _____ camper(s) = \$ _____ TOTAL

COMMUTING OPTION.....**\$320** x _____ camper(s) = \$ _____ TOTAL

BOYS FUNDAMENTALS DAY CAMP, June 16-19, 8:30 AM - 12 Noon Ages 7-17**\$130** x _____ camper(s) = \$ _____ TOTAL

BOYS SHOOTING DAY CAMP, June 16-19, 1 PM - 4:30 PM, Ages 7-17**\$130** x _____ camper(s) = \$ _____ TOTAL

BOTH FUNDAMENTALS & SHOOTING DAY CAMP, June 16-19, 8:30 AM - 4:30 PM, Ages 7-17 ...**\$220** x _____ camper(s) = \$ _____ TOTAL

BOYS GAMES DAY CAMP, June 30 - July 2, 9 AM - 4 PM, Ages 7-17.....**\$150** x _____ camper(s) = \$ _____ TOTAL

BOYS HIGH SCHOOL ELITE CAMP, August 2, 1:30 PM - 5:30 PM, Rising 9th-12th grades... **\$85** x _____ camper(s) = \$ _____ TOTAL

GRAND TOTAL:\$ _____

Checks are payable to DAVID NIVEN BASKETBALL CAMPS AT UNION UNIVERSITY

Applications should be mailed to: Head Basketball Coach David Niven
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.

David Niven Basketball Camps at Union University

Release and Waiver of Liability

This activity is being offered through **David Niven Basketball Camps at Union University** in Jackson, TN. As used herein, "**David Niven**" includes **David Niven Basketball Camps** and their employees, agents, officers, directors, and affiliates. Furthermore, as used herein, "Union University" includes Union University and their employees, agents, officers, directors, and affiliates. **Activity: David Niven Basketball Camps Date(s): 5/27/25-8/4/25**

I, _____ (printed name of "Camper"), know that participation in sports may result in illness (example: Covid-19), injury or death, and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless **David Niven**, Union University, other facilities, administrators, employees, coaches, students, staff, organizers, supervisors, volunteers, sponsors, participants and persons transporting Camper to and from activities from any claim arising out of any illness or injury to myself or my child, whether the result of negligence or for any other cause. I, the undersigned, hereby release **David Niven & Union University** from all liability of injury arising from participation of or incident to the below-named child at the **David Niven Basketball Camps**. I also authorize **David Niven & Union University** personnel to seek and obtain medical aid for said youth if, in their judgement, such action is warranted, should the child sustain an injury while participation at the **David Niven Basketball Camp**. I further agree to surrogate **David Niven & 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, (above named "Camper"), 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 **David Niven & Union University** only provides secondary health insurance for individuals participating in activities made available or sponsored by **David Niven & Union University**. As such, my personal health insurance will be responsible for 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 **David Niven & 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 **David Niven & 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 **David Niven & 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 **David Niven & 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 **David Niven & 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 **David Niven & 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 **David Niven & 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, that all remaining provisions of the agreement will remain in full force and effect.

EMERGENCY CONTACT:

Mother: _____ Cell: _____

Father: _____ Cell: _____

Other: _____ Cell: _____

Signature: _____ Date: _____