

2019 Hoops America summercamps



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Monday through Friday
Full Day: (9:00am-3:00pm): \$300
Half-Day: Morning (9:00am-12:00pm): \$200

INFORMATION

Date _____

Player's Name _____ Gender (Circle) Boy / Girl

Parents or Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile _____ Other _____

Emergency Contact _____ Phone _____

Email (Family) _____ Email (Player) _____

Birthday _____ / _____ / _____ Grade _____ School _____

Source (Circle) Friend / Mailer / Web / Other _____ Referral Name _____

2019 SUMMER CAMP SCHEDULE (Stay tuned: Additional Weeks/Locations will be added.)

Register now and you may retain your week or switch to the week/location of your choice!

- | | | | |
|-------------------------------|----------------|--------------------------------------|-----------|
| • 1st Week: Perth Amboy HS | June 24-28 | • 5th Week: Timothy Christian School | Aug 5-9 |
| • 2nd Week: Perth Amboy HS ** | July 1-3 | • 6th Week: Timothy Christian School | Aug 12-16 |
| • 3rd Week: Perth Amboy HS | July 15-19 | • 7th Week: Timothy Christian School | Aug 19-23 |
| • 4th Week: Perth Amboy HS | July 29- Aug 2 | • 8th Week: Timothy Christian School | Aug 26-30 |

* Location is subject to change.

** Half Week Cost July 1- July 3, 2019 is \$200 (Full Day) and \$125 (Half Day).

- 2019 HS Graduates & College Players Are Eligible for Camps!

TUITION PAYMENT

Tuition Payment: Program Amount \$ _____ + **One-time Registration Fee \$25 = Total \$ _____**
 (For new members only)

Payment Method: (Circle) Check / Cash

Payment Amount \$ _____ Check # _____

Participant Consent

In choosing to participate in HoopsAmerica/US Hoops Clinic programs, I agree to all rules and regulations of the program. I exempt the HoopsAmerica/US Hoops Clinics, facilities (any facility in which programs are held) & staff members from any and all responsible for any injury I incur. Also I give permission to use individual/team photographs in publications and websites.

Parental or Legal Guardian Consent

As the parent or legal guardian of the child named above, I hereby give full consent and approval for my child to participate in HoopsAmerica's basketball training programs. Also, I give permission to use individual/team photographs in publications and websites.

Name of Participant or Parent or Guardian (Print)

Signature of Participant or Parent or Guardian

Date

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