



Hoop Mountain Academy

“GETTING YOU TO THE NEXT LEVEL”

AAU Registration Form

Name: _____

Gender: _____ Age: _____

Height (In Inches): _____ Weight: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel: _____ Emergency Tel: _____

Parent/ Guardian Names: _____

Email Address: _____

School Name: _____

Parent/Guardian Consent

I the undersigned, certify that my child is in good health and may participate in all camp activities. In case of medical emergency, I hereby give permission to the staff of Hoop Mountain Academy LLC, to act for me according to their best judgment in any emergency requiring medical attention. I hereby waiver and release its coaches, staff and owners from any and all liability for any injuries or illness incurred while at camp. Any expense from injury or illness is the responsibility of the person signing below: It is mandatory that we have the following information:

Insurance Carrier: _____ Policy Number: _____

Parent/ Guardian Signature: _____

Medical Conditions (allergies, medications, recent illness, injuries) that you want the staff to know about: _____

TEAM SELECTION:

BOYS – TEAM NEW ENGLAND SELECT

U10 _____ U11 _____ U12 _____
U13 _____ U14 _____ U15 _____
U16 _____ U17 _____

Boys Age Determination

September 1st, at 12:00 a.m. of the **current** year, shall be the determining date for the age of the competitor.

<http://www.aaubovsbasketball.org/blue/cal/maleagedefinition.asp>

GIRLS – TEAM NEW ENGLAND SELECT

U10 _____ U11 _____ U12 _____
U13 _____ U14 _____ U15 _____
U16 _____ U17 _____

Girls Age Determination

July 1st, at 12:00 a.m. of the **previous** year, shall be the determining date for the age of the competitor.

http://aaugirlsbasketball.org/pages/agedefinition_new.asp

Please make check payable to: Hoop Mountain Academy

Mail application to: Hoop Mountain Academy
PO Box 497
Orange, MA 01364

Along with application, please submit:

- 1) A check/money order for \$30.00 non refundable deposit.
- 2) Copy of Birth Certificate

More Information Contact:

Hoop Mountain Academy
Tim Cleveland 1-978-249-4351
tcleveland@hoopmountainacademy.com
Basketball Director
John Leonard 1-413-687-7920
jleonard@hoopmountainacademy.com