

Camp Enrollment Form

Name: _____ Gender: _____ Age: _____

Height (In Inches): _____ Weight: _____ Date of Birth: _____

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

Home Tel: _____ Emergency Tel: _____

Parent/ Guardian Names: _____

Email Address: _____

Are You with a Group/Team: Yes or No: _____ Name of Group/Team: _____

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:

CAMP SELECTION:	Full Day Camp 9 am – 3 pm	Extended Day 9 am – 5 pm	Gym Opens@ 8:30 am
___ February Vacation Camp	February 18 – 22	___ Full Day (\$150)	___ Extended Day (\$195)
___ Summer Session#1	June 30 – July 3	___ Full Day (\$150)	___ Extended Day (\$195)
___ Summer Session#2	July 7 – July 11	___ Full Day (\$195)	___ Extended Day (\$240)
___ Summer Session#3	July 14 – July 18	___ Full Day (\$195)	___ Extended Day (\$240)
___ Summer Session#4	July 21 – July 25	___ Full Day (\$195)	___ Extended Day (\$240)

February Vacation Camp

**** Sign up by January 21, 2008 get Extended Day for \$150 ****

Bonus Summer Camp

**** Sign Up for two sessions for \$300.00 (must be paid in full by 5/31/2008) ****

Early Bird Special Summer Camp

**** \$25.00 Discount for all campers paid in full by 5/31/2008 ****

No Refunds for camp cancellations after May 31, 2008

Please make check payable to: Hoop Mountain Academy

Mail application to: Hoop Mountain Academy

PO Box 497

Orange, MA 01364

More Information Contact:

Hoop Mountain Academy

Tim Cleveland

1-978-249-4351

tcleveland@hoopmountainacademy.com

Basketball Director

1-413-687-7920

John Leonard

jleonard@hoopmountainacademy.com

Along with application, please submit:

- 1) A check for \$50.00 non refundable deposit.
- 2) A copy of recent physical (within 1 year) signed by physician
- 3) Immunization Record

** Items 2 &3 can be mailed by June 15th if necessary for Summer Camps, January 21st for February Vacation Camp

Once your application is received, a confirmation will be sent to you.

All Camps held at Hoop Mountain Academy @ 202 Entertainment, Daniel Shays Hwy, Orange, MA