

Hoop Mountain Academy **Camp Enrollment Form: Summer Session II (aug.3-7)**  
"GETTING YOU TO THE NEXT LEVEL"

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: \_\_\_\_\_

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

\*items 2 &3 may be brought to camp

A confirmation email will be sent once enrollment is received!

Camp Location: Gardner Middle School