

Hoop Mountain Academy
"GETTING YOU TO THE NEXT LEVEL"

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: (please include so confirmation can be forwarded) _____

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:

Program Selection

____ Pre-Season Warm Up/High School Girls - Sundays Sept. 13 – Nov. 1 2:45pm – 4:15 pm): \$125.00

____ Travel Team: Skills & Drills (boys and girls and girls grades 4-8) - Sundays Sept. 13 –Nov.1 (1:00pm –2:30pm) :\$100.00

* No programs on Columbus Day weekend* * All programs held at Monty Tech High School

Enrollment for high school girls is limited.....register early!

Please make check payable to: Hoop Mountain Academy

More Information Contact:

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

Hoop Mountain Academy
1-978-249-4351
info@hoopmountainacademy.com

Once your application is received, a confirmation will be sent to you. Be sure you have included your email address!