

Hoops America

holiday hoops festival

<p>WHAT Four Mornings of Hoops Training, Games & Fun . . . Spend some of your last days of 2017 with your friends at "HOOPS"!</p> <ul style="list-style-type: none"> • Sessions focus on all aspects of play: Ball Handling, Shooting, Developing Moves, Game Play, and Competition. • Cricket Club & Middle School—Skill Development & Fun • HS Students—For Skill Work...Please inquire 	<p>WHO Available for ALL . . . Boys & Girls . . . Flexibility to train with older groups.</p> <ul style="list-style-type: none"> • Cricket Club [Grades 1-5] • Middle School [Grades 6-8] • High School [Grades 9-12] Please inquire
	<p>WHEN Tue/Wed/Thu/Fri . . . December 26/27/28/29 10am-1pm (Come as early as 9am each day) . . . Extended Stay and Single Day Options Available...Please Inquire</p>
	<p>WHERE All Season Sports Academy • 2700 Hamilton Blvd • So Plainfield NJ</p>
	<p>TUITION \$170 for Tue-Fri; \$50 for single day Tuition (Ask about "CampAfterCare")</p>

Submit Registration and Tuition at this week's Thu or Sat clinics, or register on site Tue, Dec 26 at 9am

PLAYER INFORMATION

Date _____

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

Twitter Account _____ Facebook Account _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell # _____ Other _____

Mother's Name _____ Cell # _____ Father/Guardian's Name _____ Cell # _____

Email (Family) _____ Email (Player) _____

Birthday _____ / _____ / _____ Grade _____ School _____

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

PAYMENT INFORMATION

Tuition Payment: Program Amount \$ _____ +

One-time Registration Fee \$25 \$ _____
(For new members only)

Total Tuition Payment Amount \$ _____

Payment Method

CASH 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 122017