



B A S K E T B A L L

Fall Clinic Application

**Please mail to:
62 Rolling Ridge Lane
Methuen, MA 01844**

Please complete the application and return it as soon as possible.
A check or money order for the **full tuition** must accompany each application!

NAME _____ AGE _____ GRADE _____ PHONE _____

EMERGENCY CELL PHONE NUMBER _____

EMAIL ADDRESS _____

ADDRESS _____ TOWN _____

SCHOOL _____ T-SHIRT SIZE: YOUTH: LG ADULT: S M LG XL

INSURANCE COMPANY _____ POLICY #: _____

- BOYS SESSION \$200 8:30 AM - 10:30 AM
 GIRLS SESSION \$200 11:00 AM - 1:00 PM

I authorize the Directors of HOOPTOWN BASKETBALL CAMP to act for me, according to their best judgment, in any emergency requiring medical attention. I waive and release HOOPTOWN BASKETBALL CAMP from claims arising from attendance at the camp.

I will be responsible for any medical or other charges in connection with attendance at the camp.

PLEASE SIGN

Parent or Legal Guardian