

Hooptown Fall Clinic 2018

Please complete registration form - A check or money order must accompany each form.

Name _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

AGE _____ GRADE _____ BOY _____ GIRL _____

HOME PHONE _____ CELL# _____

EMAIL ADDRESS _____

INSURANCE COMPANY _____

POLICY # _____

EMERGENCY CONTACT _____ CELL/HOME# _____

ALL 4 SESSIONS \$ 175.00 _____ 10:00 - 12:00

PICK YOUR SESSION (Please check which session you will be attending)

Saturday, October 20 \$50.00

Sunday, October 21 \$50.00

Saturday, November 3 \$50.00

Sunday, November 4 \$50.00

Sibling Discount - \$10.00 off total if siblings attends all 4 sessions Total Due _____

I authorize the Directors of Hooptown Basketball Clinic to act for me , according to their best judgement, in any emergency requiring medical attention. I waive and release Hooptown Basketball from claims arising from attendance at the clinic. I will be responsible for any medical or other charges in connection with attendance at the clinic.

Please Sign : _____

Parent or Legal Guardian

Checks Payable to David Fazio

Mail to David Fazio / Hooptown
PO 1542
Andover, MA 01810