Hooptown Small Group Workouts PLEASE COMPLETE ONE PER FAMILY

Player Name (s)	
Grades(s) Fall 2020	
Method Payment for workouts (\$30 per workout: \$15 to purchase a brand new 2020 I ball	Hooptown
Venmo in advance (@Andoverboysbasketball)	
O Cash or Check at workout	
Name of Parent / Guardian	
E-Mail Address	
Street Address	
Town and Zip Code	
Parent Cell Phone	-
I authorize the Director / Coach of Hooptown Basketball Camp to act according to his judgment in any emergency medical situation. Please include any note explaining any conditions. The participant attending the workouts and in using the facility, does so at own risk. The HOOPTOWN BASKETBALL CAMP and its staff shall not be liable for darising from personal injury sustained by the participant during the clinics. The participhis/her parents assume full responsibility for any damages or injuries which may occu hereby exonerate Hooptown Basketball Camp, the site location of the clinics and practand all employees from any and all claims. If the participant has an allergy or any other condition, it is the responsibility of the parent to notify the coach. Players will hold on own medications (including inhalers and epipens) but will show the coach where they placing it during the workout. Also I/We hereby consent to the participation of our sor daughter at the Hooptown Basketball Camp.	medical t his/her amage pant and ir and so ctices, er medical ito their
Parent/Guardian	

Photos & Videos: During the course of a workout, Hooptown Basketball Camp may take photos or videos for use on their website. Is this ok?