



Dream Academy

Spring 2012

Player's Name _____

Age _____ Grade _____ School _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Please check:

3rd-4th Grade

Mondays \$320
4:00pm-5:15pm

Wednesdays \$320
5:45pm-7:00pm

Mon. & Wed. \$480

5th-6th Grade

Mondays \$320
5:45pm-7:00pm

Wednesdays \$320
4:00pm-5:15pm

Mon. & Wed. \$480

RELEASE AND WAIVER

I _____ hereby agree to indemnify and hold harmless Hoop Dreamz LLC its parent, subsidiary and affiliated entities and/or any officers, partners, members, directors, coaches, employees, servants, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to my child, _____, in connection with his/her participation in any Hoop Dreamz program. I hereby authorize Hoop Dreamz to act for me according to their best judgment in any medical emergency situations.

PARENT'S SIGNATURE _____ DATE _____

Mail to PO Box 381 Westwood, NJ 07675 along with check payable to Hoop Dreamz for enrollment. We will send a confirmation email when registration and payment are received.