



# President's Week Camp

## Feb. 20th - 24th 2012

*Held at Bergen Catholic High School*

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

LIST ANY FOOD ALLERGIES OR MEDICAL CONDITIONS

\_\_\_\_\_  
\_\_\_\_\_

### 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 \_\_\_\_\_

### CAMP TUITION

- \$245 5 Days  
 \$60 Day Rate (list days) \_\_\_\_\_  
 Sibling Discount \$25 off each child (5 day campers only)

Mail to PO Box 381 Westwood, NJ 07675 with check payable to Hoop Dreamz for enrollment.