



President's Week Camp

Feb. 15th - 19th 2010

Camper's Name _____

Age _____ Grade _____

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)
 - Team Discount \$25 off each child (min. 5 players, 5 day campers only)
- List Team _____

Mail to PO Box 381 Westwood, NJ 07675