

2026 BEST HOOPS PREMIER SUMMER BASKETBALL CAMP APPLICATION

Camper's Name _____ Age ____ Male ____ Female ____
Date of Birth _____ Height _____ Weight _____ Grade Sept. 2026 _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Email _____
Parent / Guardian's Name _____ Phone _____
Emergency Contact Name _____ Phone _____
Other Contact Information _____

IMPORTANT: If the camper has a medical condition of which BEST HOOPS PREMIER Basketball Camp needs to be aware, please specify on the back of this application and (Circle) YES or NO.

(Circle) the BEST HOOPS PREMIER Camp(s) You Plan to Attend: JULY 13-17 JULY 20-24 JULY 27-31

***Minimum \$50 Camp Deposit required for each camp week.

***(\$20 Cancel Fee per Applicant)

<u>BEST HOOPS Camp Fees:</u>	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
One Session:	\$295	\$275	\$265
Two Sessions:	\$555	\$535	\$515
Three Sessions:	\$825	\$785	\$765

Camper's T-Shirt Size: Youth Size: S M L XL or Adult Size: S M L XL

REGISTRATION - WAIVER - DECLARATION

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the conduct of BEST HOOPS PREMIER Basketball Camp. Recognizing the possibility of physical injury, associated with basketball and in consideration for BEST HOOPS PREMIER Basketball Camp accepting the registrant for its basketball camp program and activities. I hereby release and discharge the BEST HOOPS PREMIER Basketball Camp, their assignees, coaches, their employees, including the owners of the basketball facilities used for their programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs. I confirm the registrant is in good health, has an updated doctor's physical and is able to participate in the physical activity of a vigorous program. In the event of injury or sickness BEST HOOPS PREMIER Basketball Camp has my permission to provide medical first aid, which I also hereby authorize. I also authorize use of player photos on the camp's website, social media or in newspapers.

PARENT / GUARDIAN _____ Date _____

Signature / Relation

PLEASE MAIL COMPLETED APPLICATION & CHECK TO: BEST HOOPS PREMIER BASKETBALL CAMP
ATTN: COACH JAMAL GOMES
38 GORHAM ST.
REHOBOTH, MA. 02769

How did you hear about Best Hoops? Family/Friends Mailing Newspaper Online Social Media. Magazine Word of Mouth
(Circle all that apply)

FOR OFFICE USE: DEPOSIT / PAYMENT _____ CHECK _____ DATE _____ BALANCE _____
PAYMENT _____ CHECK _____ DATE _____ BALANCE _____

PH: (401) 440-5056 E-MAIL: besthoopspremierbasketball@gmail.com WEBSITE: besthoopspremierbasketball.com
ALL CAMPS HELD AT: Bishop Hendricken High School, 2615 Warwick Avenue, Warwick, Rhode Island 02889