

2025 BEST HOOPS BASKETBALL FALL PERIMETER PLAYER DEVELOPMENT CLINIC APPLICATION

Camper's Name _____ Age ____ Male ____ Female ____

Date of Birth _____ Height _____ Weight _____ Grade Sept. 2025 _____

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 needs to be aware, please specify on the back of this application and (Circle) YES or NO.

***Minimum \$25 Deposit required for clinic session.

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

BEST HOOPS FALL SHOOTING CLINIC (October 25th, 9am-1pm) FEE:

\$125

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/CLINICS HELD AT: Bishop Hendricken High School, 2615 Warwick Avenue, Warwick, Rhode Island 02889