

# Registration Form



## **Hoop Skills March Break Camp**



Mon-Thurs. March 10-13,2025

Open to boys and girls in Grades 5-9  
1-4pm

Holy Cross CHS Kingston

Contact Scott Meeson to register

[scottmeeson@gmail.com](mailto:scottmeeson@gmail.com)

613 213 5772

### **Participant**

Name: \_\_\_\_\_

Date of Birth (day/month/year) : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Allergies: Y / N

Asthmatic: Y / N

Medical Conditions: \_\_\_\_\_

EpiPen: Y / N

Doctor Name and Number: \_\_\_\_\_

Parent / Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name and phone number(s) of person(s) other than the parents eligible to pick up

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Payment**

**Fee: \$160**

**Cheque Payment** - Please make cheque payable to **Jumpshots** and bring with you on the first day of drop off

**Cash** - Please bring in an envelope labeled with your child's name

**Details**

Time: 1:00 to 4pm

\*Registration Cost includes a t-shirt

\*Bring your own ball labeled with your name on it

\*Bring your own water bottle labeled with your name on it

**WAIVER**

RELEASE AND WAIVER I HEREBY GIVE MY CONSENT FOR THE ABOVE MENTIONED PLAYER TO PLAY BASKETBALL UNDER SCOTT MEESON. I AND THE ABOVE MENTIONED PLAYER AGREE TO ABIDE BY THE RULES OF THE CAMP. I HEREBY ACKNOWLEDGE THAT BASKETBALL IS A PHYSICAL SPORT AND IN SO DOING I WILL NOT HOLD SCOTT MEESON OR ANYONE AFFILIATED WITH THIS CAMP OR REPRESENTATIVES RESPONSIBLE FOR ANY INJURIES CAUSED TO A MEMBER ARISING OUT OF HIS/HER PARTICIPATION IN THE CAMP AND AGREE TO INDEMNIFY SCOTT MEESON OR ANYONE AFFILIATED WITH THE CAMP FOR ANY SUCH INJURY. I FURTHER ASSUME FULL RESPONSIBILITY FOR ANY DAMAGE CAUSED BY THE PLAYER TO ANY GYM PREMISES OR EQUIPMENT. I ALSO GIVE MY CONSENT TO THE USE OF ANY PHOTOGRAPHS TAKEN OF THE ABOVE MENTIONED PLAYER, WHILE PLAYING BASKETBALL ON SOCIAL. MY SIGNATURE ACKNOWLEDGES THAT I ACCEPT RESPONSIBILITY FOR THE FEES AND THAT I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE. I CONFIRM THAT I HAVE READ THIS RELEASE AND WAIVER BEFORE SIGNING IT AND I UNDERSTAND THAT IT IS BINDING NOT ONLY ON ME AND THE PARTICIPANT BUT ALSO ON OUR HEIRS, EXECUTORS AND ASSIGNS.

Signature: \_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

Date: \_\_\_\_\_  
DAY/MONTH/ YEAR