

HAYS HOOP CAMP

41st Annual

2018

Fundamentals

Individual Moves

Basic Skills

Cost: \$80 (enclose \$30 with application)—Make check payable to Hays Hoop Camp

***Camp T-shirt**

***Individual Instruction/Competition**

Place: Hellgate High School Gym

Please check appropriate session, circle shirt size and return entire application form to:

Hays Hoop Camp
2100 Duncan Dr.
Missoula, MT. 59802

June 11-14 (Mon-Thur)

_____ Grade School Boys (4-8)

8:30 a.m. to noon

_____ Grade School Girls (4-8)

1:00 p.m. to 4:30 p.m.

June 18-21 (Mon-Thur)

_____ Grade School Girls (4-8)

8:30 a.m. to noon

_____ Grade School Boys (4-8)

1:00 p.m. to 4:30 p.m.

****July 9-12 (Mon-Thur) This is a combined camp for boys and girls**

_____ Grade School Boys and Girls (4-8)

8:30 a.m. to noon ****Cost is \$80****

_____ Grade School Boys and Girls (1-3)

1:00 p.m. to 3 p.m. ****Cost: \$50****

NAME _____ SCHOOL & GRADE (2018-19) _____

ADDRESS _____ CITY _____ ZIP _____

PARENT PHONE & EMAIL _____

T-SHIRT (choose one)

YOUTH SIZE: S M L XL

ADULT SIZE: M L

I hereby give permission for my child to participate in the Hays Hoop Camp. As a parent or guardian, I understand that Camp staff will try to prevent accidents. However, I fully understand that participating in athletic activities involves inherent risks to participants regardless of all feasible safety measures that may be taken by HHC staff. In consideration of the agreement to allow my child to participate in the HHC, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this camp and hereby release and waive all claims against the HHC, its representatives, owners, operators, agents, volunteers, and owner of the location of the Camp.

In the event it becomes necessary for HHC staff to obtain emergency care for my child, I acknowledge that the HHC, its representatives, owners, operators, agents, volunteers, and owner of the location of the Camp does not assume financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. By signing this agreement, I represent that I am financially responsible for all expenses incurred because of an accident, injury, illness and/or unforeseen circumstances and that any insurance I may have that covers my child shall be primary with respect to coverage for such accident, injury, illness and/or unforeseen circumstance.

Parent or Guardian:

Date:

(Printed Name)

(Signature)

For additional applications go to www.hayshoopcamp.com

HAYS HOOP CAMP
41st Annual
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****This is for next year's 8th/9th grade boys only****

Fundamentals Individual Moves Basic Skills

Cost: \$50 (enclose \$30 with application)—Make check payable to Hays Hoop Camp

***Camp T-shirt**

***Individual Instruction/Competition**

Place: Hellgate High School Gym

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Hays Hoop Camp
2100 Duncan Dr.
Missoula, MT. 59802

May 21-23 (Mon-Wed)

_____ Boys (8-9)

5:30 p.m. to 8:00 pm

NAME _____ SCHOOL & GRADE (2018-19) _____

ADDRESS _____ CITY _____ ZIP _____

PARENT PHONE & EMAIL _____

T-SHIRT (choose one) ADULT SIZE: M L XL

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Parent or Guardian:

Date:

(Printed Name)

(Signature)

For additional applications go to www.hayshoopcamp.com