

# HAYS HOOP CAMP

## 42<sup>nd</sup> Annual

### 2019

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 Lower Gym**

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

Hays Hoop Camp  
2134 Collins Ln  
Missoula, MT. 59802

**June 17-20 (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 24-27 (Mon-Thur)**

\_\_\_\_\_ Grade School Boys (4-8)

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

**\*\*July 8-11 (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: \$60\*\***

NAME \_\_\_\_\_ SCHOOL & GRADE (2019-20) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT PHONE & EMAIL \_\_\_\_\_

**T-SHIRT (choose one)**

**YOUTH SIZE: S M L XL**

**ADULT SIZE: M L XL**

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](http://www.hayshoopcamp.com)

**HAYS HOOP CAMP**  
**42<sup>nd</sup> Annual**  
**2019**

**\*\*This is for next year's 8<sup>th</sup>/9<sup>th</sup> grade boys only\*\***

**Fundamentals**      **Individual Moves**      **Basic Skills**

**Cost: \$60 (enclose \$30 with application)—Make check payable to Hays Hoop Camp**

**\*Camp T-shirt**

**\*Individual Instruction/Competition**

**Place: Hellgate High School Upper Gym**

**Circle shirt size and return entire application form to:**

Hays Hoop Camp  
2134 Collins Ln.  
Missoula, MT. 59802

**May 20-22 (Mon-Wed)**

\_\_\_\_\_ Boys (8-9)

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

NAME \_\_\_\_\_ SCHOOL & GRADE (2019-20) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT PHONE & EMAIL \_\_\_\_\_

**T-SHIRT (choose one)**

**ADULT SIZE: S M L XL**

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](http://www.hayshoopcamp.com)