

HOOP MOUNTAIN PARENTAL CONSENT FORM

Please enroll the undersigned. The applicant is in good health and able to participate in the physical activity of a vigorous program. Hoop Mountain has my permission to provide emergency medical care in the event my son is injured or ill. I consent my son to participate in Hoop Mountain basketball camp.

Camper's name _____
Parent/Guardian Signature _____
Parent/ Guardian Name _____
Date signed _____

PLEASE MAIL BACK TO HOOP MOUNTAIN AT:
PO BOX 7068
BEVERLY MA 01915