

Hoop Mountain Georgia Exposure Event Registration

First Name: _____ Last Name: _____

Parent Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Email Address _____

Height: _____ ft. _____ inches Weight: _____ lbs.

High School: _____ Graduation Year _____

PPG: _____ GPA: _____ SAT: _____ ACT: _____

Event registration fee: \$60.00

Consent For Medical Care & Treatment

In case of emergency, I authorize all treatment as needed for my child.

Sign: _____

Insurance Company and Policy Number:

Mail completed form and event registration fee

Hoop Mountain Georgia

PO BOX 961863

Riverdale, GA 30296

678-472-1117

301-613-4192