



Sina's Hoop Academy Summer Camp Registration Form

Player Name: _____

Age: _____ Grade: _____

Gender: _____

Price:

\$425 Full Week

CAMP HOURS:
9:00am-3:00pm

Sessions: (Please check circle below)

June 24-28

July 15-19

July 22-26

August 5-9

CAMP LOCATION:
Gill St. Bernard's School
25 St Bernards Road 07934

Emergency Contact

Contact Name: _____ Phone #: _____

Company Name: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Payment Details

(Lunch Options: Bring your own lunch or Buy Pizza \$3.00 per slice)

Payment method: Check Cash Venmo: @ Mergin-Sina

Make Check Payable to: Sina's Hoop Academy LLC

Mail Payment to: 173 Weldon Road Lake Hopatcong, NJ 07849

Attach Registration form with payment via mail or email

I hereby request that my child be admitted to Sina's Hoop Academy & authorize the directors or any member of his staff to act for me according to their best judgement if any emergency requiring medical attention for which I will pay all costs. The camper is physically fit to participate in all activities. I understand there is no liability insurance for the program.

Signature/Date: _____