



# 2025 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 23-27

July 14-18

July 21-25

August 4-8

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: \_\_\_\_\_