



Registration Form

Athlete's Name: _____

Parent's Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone (Bus.): _____

Email: _____

Email: _____

Date of Birth: _____

Gender: M / F

Height: _____ ft / _____ m

T-shirt size: Small / Medium / Large / X-Large / XX-Large

Short size: Small / Medium / Large / X-Large / XX-Large

Experience: _____

Medical Conditions: _____

Parent's Signature: _____

Allergies: _____

Please check one or more of the following program(s) which you are registering your child for:

Sport-Étude / Basketball Concentration

Point Guard Clinic

March Break Camp

Summer Camp

Shooting Clinic

Please Specify Week

Please print, and mail this form along with your payment to Hoopster Academy, 351 Cloverdale, Dorval, Qc., H9S 3J6. All of the camps / clinics have a limited enrolment; therefore make sure you send your form and payment early to reserve your spot in the camp / clinic of your choice.