



HOOP MOUNTAIN
P.O. Box 7068
Beverly, MA 01915

Phone: 978-922-3342
Fax: 978-712-4370
E-mail: hoopmountain@aol.com
www.hoopmountain.com

HOOP MOUNTAIN PARENTAL CONSENT FORM (To be used for Internet applicants)

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