



Camp
Form

Select Your Camp Dates: Camp 1 May 26th-28th___ Camp 2 July 7th-9th___ Both Camps___

Ages: 8-14 Boys and Girls

Price :\$80 per child. For both camps \$160

Location: Clarksville Christian School

Camper Name: _____

Age:___ Grade:___ Gender:_____ Position:_____

Address:_____ State:_____ Zip Code_____

Email:_____ School_____

Emergency Contact:_____

Emergency Contact#_____

Shirt size:

***Camper is to wear basketball shoes/attire to participate in camp.**

***Camper form, waiver, insurance and payment must be completed prior to participation in camp.**

***Forms can be submitted in-person or online(Each page photographed or pdf file sent) at hybridhoopsllc@gmail.com.**

***Free camp shirt will be applied if camp form is completed by May 4th for Camp 1 & June 15th for Camp 2.**

***Payments can be made to zelle hybridhoopsllc@gmail.com & cash app is HybridHoopsLLC or in cash at the door.**

***All campers are to be picked up promptly upon the conclusion of each day.**

***Campers are asked to bring their own snacks and drinks.**

***All camper food and beverages are to be in the cafeteria only.**

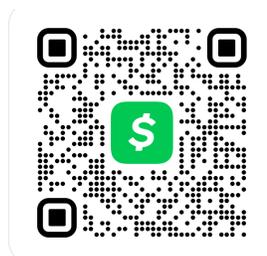
***No refunds.**

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly):_____

Parent/Guardian Printed Name (Please print legibly):_____

Parent/Guardian's Signature(if under 18 years of age)_____



zelle®

Date: _____