



# Networks & Hoop Skool Basektball Camp

## St Andrews College Booterstown



**Easter Camp Registration Form 2015 –Only 35 Spaces First Come First Served €60 \* (€50 for St Andrew Students)**

**Junior 5<sup>th</sup> /6<sup>th</sup> 1<sup>st</sup> & 2<sup>nd</sup> Year**

**Senior 3<sup>rd</sup> to 6<sup>th</sup> Years**

**Junior 9.30 a.m. – 12.30 pm**

**Senior 2 pm to 5 pm**

**Junior**

**Senior**

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Age \_\_\_\_\_

D.O.B. \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

### **Parent Information:**

Name Parent No 1. \_\_\_\_\_ Parent No 2. \_\_\_\_\_

Contact Number No. 1 \_\_\_\_\_ Contact No 2 \_\_\_\_\_

I give permission for photographs to be taken and used for advertisement/social media. Yes No

Are there any medical conditions that your child is presenting with? Please give details below Yes No

### **Liability Waiver Form**

Participation in a Hoop Skool Program involves the risk of injury including, but not limited to collision with other participants, being hit by the ball, falling onto the floor or into a wall, scratches, bruises, sprained and broken ankles and other body parts. By submitting this registration for my child's participation in this program, I acknowledge that I am requesting that my child have the opportunity to participate in this program and that I will not hold Hoop Skool or any other parties responsible for any injuries as a result of participation in this camp Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Please make cheques payable to Gillian Clarges or Hoop Skool or e transfer – Payment must be submitted with registration to secure place please quote REF: **YOURNAMEJC** for Junior Camp or REF: **YOURNAMEESC** for Senior Camp

Bank: AIB Bank Cornelscourt IBAN: IE02AIBK93339224965038 BIC: AIBKIE2D  
Contact: Gillian 0863310605 or hoopskoolers@gmail.com

forms can be returned to Coach Gillian Clarges, St Andrews College, Booterstown, Co. Dublin

[www.hoopskool.ie](http://www.hoopskool.ie)



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