



School of Hoops

- Summer 2018 -



School of Hoops invites boys in rising grades 4-8 to participate in instructional summer basketball programs. Coach Doug Kelly has coached for over 20 years at elementary, middle school, high school and collegiate levels; prior to that he played college basketball and was a standout player on his high-school team in Elkins, WV.


All workouts will be held at Mother of Sorrows Gym

 4202 Old William Penn Hwy, Murrysville, PA 15668

Rising Grade	Description	Time	Cost
Session #1: June 12, 13, 14, 19, 20, 21, 26, 27, 28 (Nine workouts)			
4 through 8	Skill development (shooting, passing, footwork, finishing)	11:00 am - 1:00 pm	\$200
Session #2: July 10, 11, 12, 17, 18, 19, 24, 25, 26 (Nine workouts)			
4 through 8	Game play & team drills (at least 2 games/day per player)	11:00 am - 1:00 pm	\$200



Space is Limited!

Reserve your spot;
Return registration form
with payment; or
call/email Coach Kelly

B.Y.O.Ball

Ask about
individual or
small-group training

\$50 per family Discount Available

Discount for multiple family
members participating,
or for players who attend
BOTH sessions

Questions? Coach Kelly's Cell: (724) 681-5735 / email: schoolofhoops@comcast.net

School of Hoops Summer 2018 - Registration Form

Please fill out a form for each person and complete ALL fields. All registrations are accepted first come, first served. Make check payable to School of Hoops.

Player's Name, Last: _____ First: _____ Rising Grade: _____
 Parent or Guardian: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ T-Shirt Size (circle one): YM YL AS AM AL AXL
 Emergency Contact / Relationship: _____ Emergency Phone: _____

Select Session(s)	Session	Rising Grade	Time	Cost
	Session #1: June 12, 13, 14, 19, 20, 21, 26, 27, 28 (Nine workouts)			
	Skill development (shooting, passing, footwork, finishing)	4th - 8th	11:00 am - 1:00 pm	\$200
	Session #2: July 10, 11, 12, 17, 18, 19, 24, 25, 26 (Nine workouts)			
	Game play & team drills (at least 2 games/day per player)	4th - 8th	11:00 am - 1:00 pm	\$200

PARENTS' RELEASE AND INDEMNITY AGREEMENT

I, _____, do hereby release and forever discharge School of Hoops, LLC, its heirs, administrators, successors and assigns, and all other persons, firms or corporations who or which are or might be liable in the premises, from any and all claims of any kind or character which we or said participant have or might have against him or them, for all damages, losses or injuries to person or property or both, whether developed or undeveloped, resulting or as a result from participation or enrollment in their clinic, camp and/or tournament in which an injury which may occur.

I hereby agree to indemnify and hold forever harmless the said School of Hoops, LLC from and against any and all claims and actions which hereafter at any time may be made or instituted against the said School of Hoops, LLC by anyone for the purpose of enforcing a claim for damages sustained by us.

I acknowledge consent for my child to participate and I understand the potential for injury and waive any and all claims I (we) may have against School of Hoops, LLC and all coaches, employees and officers pertaining to participation in School of Hoops, LLC's clinic, camp and/or tournament. The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I acknowledge that my child's participation in the clinic, camp and/or tournament is purely voluntary and is in no way mandated by School of Hoops, LLC. I (we) further acknowledge that School of Hoops, LLC does not carry any medical insurance that would cover any medical bills for injuries or illnesses resulting from my child's participation. Consequently, I (we) agree that I (we) will be fully responsible to pay any and all such bills.

MEDICAL INFORMATION:

Policy Holder: _____ ID Number: _____
 Agreement #: _____ Group #: _____
 Primary Care Physician: _____ Phone: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director of School of Hoops, LLC to hospitalize, secure proper treatment or order an injection, anesthesia or surgery for my child as named above.

I (WE) HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, KNOW THAT IT IS LEGALLY BINDING, AND ACKNOWLEDGE THAT BY SIGNING BELOW, I (WE) MAY RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I (WE) OTHERWISE MIGHT HAVE.

WITNESS our hands and seals this _____ day of _____, 2018.

Print Name: _____ Parent/Guardian Signature: _____
 Print Name: _____ Parent/Guardian Signature: _____



Please complete this form and return with payment before first session date.
 Mail to: School of Hoops, LLC - 144 Harvest Lane, Harrison City, PA 15636
Questions? Coach Kelly's cell: (724) 681-5735 / email: schoolofhoops@comcast.net

