

REGISTRATION FORM

Name: _____

Age: _____ Grade Entering: _____ Sex : _____

Name: _____

Age: _____ Grade Entering: _____ Sex : _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Home Church: _____

Parent/Guardian Name: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact & Phone: *(if other than above)*

Registration Deadline:

Sunday, June 2

(Please register early - space is limited)

Cost:

\$80 per participant

of Children: _____ Total Amount: _____

Method of Payment:

Cash: _____ Check #: _____ CC: _____

Credit Card (Visa/MC):

Name on Card: _____

Card #: _____

Exp. Date: _____ Verification Code: _____

Signature: _____

Complete both sides of form, detach and return to Rocky Mountain Calvary Information Center.

Please make checks payable to:
Rocky Mountain Calvary

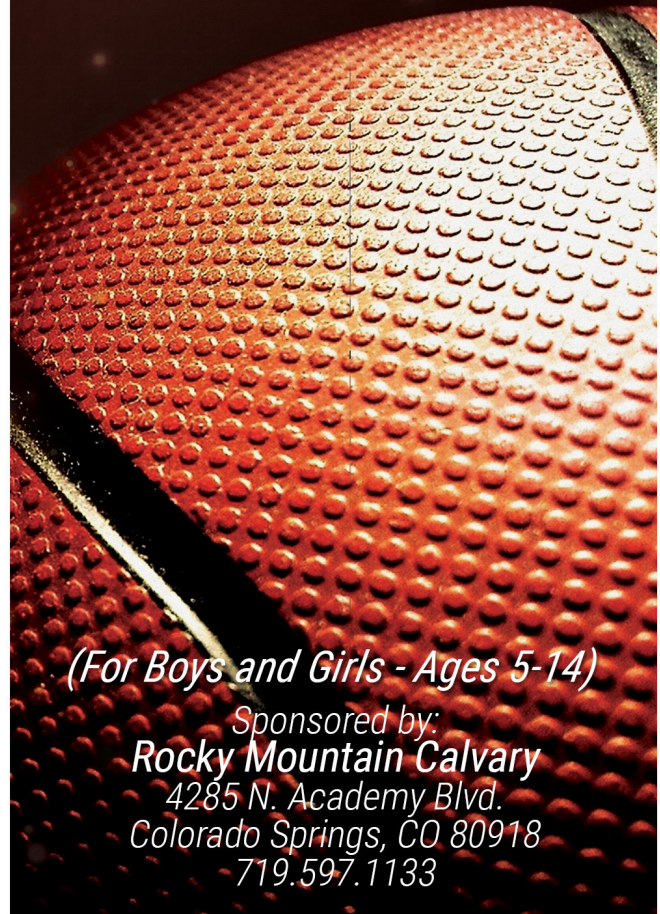
Hoops of Hope
2405 Strickler Road
Colorado Springs, CO 80906

Non-profit Organization
U.S. Postage
PAID
Colorado Springs, CO
Permit #745

Hoops of Hope

summer basketball camp

June 3-6, 2019
9:00am-11:30pm



(For Boys and Girls - Ages 5-14)

Sponsored by:

Rocky Mountain Calvary
4285 N. Academy Blvd.
Colorado Springs, CO 80918
719.597.1133

summer basketball camp

Our goal:

To teach Christian character and the fundamentals of basketball

Cost:

\$80 per child, price includes a Hoops of Hope basketball

Deadline:

Sunday June 2, 2019
Register Early - Space is Limited

Location:

Rocky Mountain Calvary Parking Lot
4285 N. Academy Blvd. 80918
(Northeast corner of Austin Bluffs & Academy)

Sponsored by:

Hoops of Hope Basketball Ministries

Director:

Brent Fuqua is the Director and Founder of Hoops of Hope. He has an MAT from the University of North Carolina and two BA's from Catawba College and is an ordained pastor. Brent has taught physical education and coached high school basketball and tennis. He has done basketball ministry in Mexico, Philippines, Malaysia, and throughout the United States.
Contact Brent 'Hoops' Fuqua at 719.210.3489

Questions:

CONSENT and MEDICAL RELEASE

I understand that the Hoops of Hope Basketball Camp is a supervised event. As in any sporting event, unexpected injuries can occur. I hereby give permission for my child to participate in all activities of the camp and will not hold Hoops of Hope or Rocky Mountain Calvary liable in case of accident. Further, in the case of a medical emergency, I hereby give permission to the physician selected by the staff of Rocky Mountain Calvary to secure proper treatment and/or hospitalization for my child. (The Youth Ministry staff will make every attempt to reach the parent/legal guardian listed or emergency contact given on the registration form.)

Parent/Guardian Signature: _____

Date Signed: _____

Insurance Co.: _____

Policy #: _____

Insurance Co. Phone: _____

Allergies: _____

Existing Conditions: _____

Current Medications: _____