

**The Hoop Academy Basketball Camp
Chariho Middle School
July 27th-31st, 2009
9AM-3PM**

**Hopkinton Residents: \$150
Non Residents: \$160**

- Name of Camper _____
- Age _____ Grade in September _____
- Address _____
- Email Address _____
- T-Shirt Size (circle one) YM YL AS AM AL AXL

*Mail this form along with a \$75 deposit to the Hopkinton Recreation Department, PO Box 314, Ashaway, RI 02804.

*Make checks payable to the Hopkinton Recreation Department.

***The balance is to be paid on the first day of camp.**

*An updated physical form or signed permission from your child's pediatrician is required by the first day of camp.

*Campers are required to bring bottled water and a lunch to camp each day.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Hopkinton Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the town Hopkinton, the Town Council, the Hopkinton Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I HAVE READ THE DESCRIPTION IN THE BROCHURE OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

Signature of Parent of Guardian _____ Date _____