



2025

Hoops America

summercamps

Hoops America

732-407-7072

www.ushoops.com

Sitehoopscal@gmail.com

**Early Registration
Discount Deadline
JULY 3 2025**

SUMMER EARLY REGISTRATION DISCOUNTS

1 Week \$325 Now \$275 • 2 Weeks \$650 Now \$500
3 Weeks \$975 Now \$775 • 4 Weeks \$1,300 Now \$1,000

REGISTER TODAY! LOCATION: Randolphville Elementary School (501 S. Randolphville Rd, Piscataway, NJ)

| | | |
|---|--|----------------------------------|
| INFORMATION | | Date _____ |
| Player's Name _____ | | Gender (Circle) Boy / Girl |
| Parents or Guardian _____ | | |
| Address _____ | | City _____ State _____ Zip _____ |
| Home Phone _____ | | Mobile _____ Other _____ |
| Emergency Contact _____ | | Phone _____ |
| Email (Family) _____ | | Email (Player) _____ |
| Birthday _____ / _____ / _____ | | Grade _____ School _____ |
| Source (Circle) Friend / Mailer / Web / Other _____ | | Referral Name _____ |

2025 SUMMER CAMP SCHEDULE (Students may switch their weeks at any time.)

Register now and you may retain your week or switch to the week of your choice!

WEEK 1: June 30- July 3

WEEK 2: July 7- July 10

WEEK 3: July 14- July 17

WEEK 4: July 21- July 24

WEEK 5: July 28- July 31

WEEK 6: August 4- August 7

WEEK 7: August 11- August 14

WEEK 8: August 18- August 21

GRADES 1-8 GIRLS & BOYS: 9:00am-12:00pm

HIGH SCHOOL GIRLS & BOYS: 12:00pm-2:00pm

- 4-Day Camp
- 2025 HS Graduates & College Players Are Eligible for Camps!
- ** High School price is \$220 per week (EARLY DISCOUNT \$180 PER WEEK)*
- There is some flexibility to train with an older/younger group.

TUITION PAYMENT

Tuition Payment: Program Amount \$ _____ + **One-time Registration Fee \$25** = Total \$ _____
(For new members only)

Payment Method: (Circle) Check / Cash

Payment Amount \$ _____ Check # _____

Check payable to US Hoops Corporation.
All Summer Camp weeks must be used during the 2025 Summer Season. NO REFUNDS.

☐ Participant Consent

In choosing to participate in HoopsAmerica/US Hoops Clinic programs, I agree to all rules and regulations of the program. I exempt the HoopsAmerica/US Hoops Clinics, facilities (any facility in which programs are held) & staff members from any and all responsible for any injury I incur. Also I give permission to use individual/team photographs in publications and websites.

☐ Parental or Legal Guardian Consent

As the parent or legal guardian of the child named above, I hereby give full consent and approval for my child to participate in HoopsAmerica's basketball training programs. Also, I give permission to use individual/team photographs in publications and websites.

Name of Participant or Parent or Guardian (Print)

Signature of Participant or Parent or Guardian

Date

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