

# Hoops America Registration Form

## 2025 FALL PROGRAMS

**EARLY REGISTRATION  
DISCOUNT DEADLINE:  
SEPTEMBER 6, 2025**



### LOCATION

TIMOTHY CHRISTIAN SCHOOL: 2008 ETHEL RD, PISCATAWAY NJ  
RANDOLPHVILLE SCHOOL: 501 S. RANDOLPHVILLE RD, PISCATAWAY, NJ

FALL SCHEDULE GUIDE: September 6 through November 23, 2025

*New Jersey's Premier Training Programs...from Kids to Pros*

732-407-7072

[www.ushoops.com](http://www.ushoops.com)  
[coachamanda@ushoops.com](mailto:coachamanda@ushoops.com)  
[facebook.com/ushoops](https://facebook.com/ushoops)  
[twitter.com/ushoops](https://twitter.com/ushoops)

**Bronze Package \$375  
Silver Package \$550  
Gold Package \$700**

### SEASON PASS EARLY REG DISCOUNT PACKAGES (Act NOW to secure your Roster Spot!)

**BRONZE PACKAGE: \$375**

(14 sessions; 1+ /week)

**SILVER PACKAGE: \$550**

(25 sessions; 2x/week)

**GOLD PACKAGE: \$700**

(35 sessions; 3x/week)

**(EACH SESSION 90 MINUTES OF INSTRUCTION & COMPETITION.)**

Fall Season begin September 6 through November 23, 2025.

Visit [ushoops.com](http://ushoops.com) for any additional information.

**MUST USE ALL SESSIONS BY NOVEMBER 23, 2025. SESSIONS DO NOT CARRY OVER**

### PROGRAM INFORMATION Please check appropriate box. (All sessions must be used in Fall 2025)

Fall Programs Tuition

**CLINICS** . . . . . # of Sessions [Tuition] . . .  **4** [\$150]  **8** [\$280]  **12** [\$390]

Season Pass Members: **Bronze: \$450 Silver \$650 Gold \$750**

See Website/Twitter for Complete Schedule: We are happy to discuss "Best Fits" based on your schedule and experience level.

**Age Divisions:** Middle School (MS) (Grades 6-8); High School (HS) (Grades 9-12); Girls & Boys Grades 1-6

### SEASON PASS FLEXIBILITY...

1. Alternate your session days each week to fit your schedule.
2. Use your available sessions anytime during the Fall Calendar.

**CLINICS**...register for specified # of sessions to be used at your discretion.

**HS Boys & HS Girls includes 2025 Graduates training for DI / DII / DIII Basketball!**

### GENERAL INFORMATION

Date \_\_\_\_\_  
Player's Name \_\_\_\_\_ Gender (Circle) Boy / Girl  
Twitter Account \_\_\_\_\_ Facebook Account \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Other \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Email (Family) \_\_\_\_\_ Email (Player) \_\_\_\_\_  
Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Source (Circle) Friend / Mailer / Web / Other \_\_\_\_\_ Referral Name \_\_\_\_\_

### PRELIMINARY SCHEDULE...Check ushoops.com for additions and adjustments. Location will be Timothy Christian School or Randolphville School.

MS/HS GIRLS	MS/HS BOYS	GRADES 1-6
MONDAYS & WEDNESDAYS: 7-8:30pm SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS) SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS)	MONDAYS: 7-8:30pm SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS) SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS)	THURSDAYS: 7-8:30pm SATURDAYS: 5-6:30pm SUNDAYS: 5-6:30pm

Age Divisions: Middle School (MS) (Grades 6-8); High School (HS) (Grades 9-12); Boys & Girls (Grades 1-6)

**All Sessions (Season Pass and Clinics) must be used during the Fall 2025 Season. NO REFUNDS.**

### PAYMENT INFORMATION ACT NOW before sessions close out.

**All Checks Payable to US Hoops Corporation.**

Tuition Amount . . . . . \$ \_\_\_\_\_  
+ One-time Registration Fee (\$25) (For new members only) . . . . . \$ \_\_\_\_\_  
Total Payment Amount . . . . . \$ \_\_\_\_\_

Payment Method  
 CASH  CHECK # \_\_\_\_\_

### 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/ US Hoops 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