America RegistrationForm

2023FALLPROGRAMS

Name of Participant or Parent or Guardian (Print)

LOCATIONS:

RANDOLPHVILLE SCHOOL (501 S. Randolphville Rd, Piscataway, NJ) TIMOTHY CHRISTIAN SCHOOL (2008 Ethel Rd, Piscataway, NJ)

FALL SCHEDULE GUIDE: September 9 through Dec 3, 2023

REGISTER ANYTIME DURING THE FALL SEASON



732-407-7072

Bronze Package \$425 Silver Package \$625

www.ushoops.com coachamanda@ushoops.com facebook.com/ushoops

Date

New Jersey's Premier Training Programsf	from Kids to Pros	twitter.com/usnoops
BRONZE PACKAGE: \$425 (14 sessions; 1+/week)	OISCOUNT PACKAGES (Act No SILVER PACKAGE: \$625 (25 sessions; 2x/week) N 90 MINUTES OF INSTRUCTION	(35 sessions; 3x/week)
Fall Sec.	ason begin September 9 through Decer sit ushoops.com for any additional info	mber 3, 2023.
MUST USE ALL SESS	SIONS BY DECEMBER 3, 2023. SESSION	ONS DO NOT CARRY OVER
	50 Gold \$750 to discuss "Best Fits" based on your schedule and e (HS) (Grades 9-12); Girls & Boys Grades 1-6 your schedule. 2. Use your available sessions to be used at your discretion.	ns [Tuition] 4 [\$150] . 8 [\$280] . 12 [\$390] **xperience level.** Instance anytime during the Fall Calendar.
GENERAL INFORMATION	Date	
Player's Name	Gender (Circle) Boy / Girl	
Twitter Account	Facebook Account	
		State Zip
		Other
		Cell #
·	·	
		eferral Name
FALL SCHEDULE Location: Randolphville School		
MS/HS GIRLS MONDAYS & WEDNESDAYS: 7-8:30pm SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS) SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS) @ TCS	MS/HS BOYS WEDNESDAYS: 7-8:30pm SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS) SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS)	GRADES 1-6
Age Divisions: Middle School (MS) (Grades 6-8); High Sch	nool (HS) (Grades 9-12); Boys & Girls (Grades 1-6)	All Sessions (Season Pass and Clinics) must be used during the Fall 2023 Season. NO REFUNDS.
PAYMENT INFORMATION ACT NOW before	sessions close out.	Fall 2023 Season, NO REPUNDS.
Tuition Amount		_
+ One-time Registration Fee (\$25) (For new members	; only)	Payment Method
Total Payment Amount	\$	CASH
☐ Participant Consent In choosing to participate in US Hoops Clinic programs, I agree to staff members from any and all responsible for any injury I incur.		5 Hoops Clinics, facilities (any facility in which programs are held) & s in publications and websites.
Parental or Legal Guardian Consent As the parent or legal guardian of the child named above, I here give permission to use individual/team photographs in publication	by give full consent and approval for my child to participat ons and websites.	re in US Hoops basketball training programs. Also, I

Signature of Participant or Parent or Guardian