

HOOPS AMERICA Registration Form

2026 SPRING PROGRAMS

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REGISTER ANY
TIME DURING THE
SPRING SEASON!

Bronze Package \$450
Silver Package \$650
Gold Package \$850

732-407-7072
www.ushoops.com
coachamanda@ushoops.com

LOCATION

PERTH AMBOY OLD HIGH SCHOOL (PA) • 300 Eagle Ave, Perth Amboy, NJ
TIMOTHY CHRISTIAN SCHOOL (TCS) • 2008 Ethel Rd, Piscataway, NJ

SPRING SCHEDULE GUIDE: MARCH 7 THROUGH JUNE 21, 2026

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

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

BRONZE PACKAGE: \$450

(14 sessions; 1+ /week)

SILVER PACKAGE: \$650

(25 sessions; 2x/week)

GOLD PACKAGE: \$850

(35 sessions; 3x/week)

(EACH SESSION EQUALS 90 MINUTES OF INSTRUCTION)

REGISTER FOR SPECIFIED NUMBER OF SESSIONS TO BE USED AT YOUR DISCRETION.

ALL SESSIONS MUST BE USED BY JUNE 21, 2026. NO SESSIONS CARRY OVER.

PROGRAM INFORMATION Please check appropriate box. (All sessions must be used in Spring 2026)

Spring Programs Tuition

PACKAGE: BRONZE \$450 SILVER \$650 GOLD \$850 # of Sessions [Tuition] . . . 4 [\$150] 8 [\$280] 12 [\$390]

Season Pass Members: T-Shirt

See Website 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); Boys & Girls Grades 1-3; 4-6

SEASON PASS FLEXIBILITY...

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

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

HS Boys & HS Girls includes 2026 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.

MS/HS GIRLS

MONDAYS & WEDNESDAYS @ PA: 7- 8:30pm
SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS) @ TCS
SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS) @ TCS

MS/HS BOYS

MONDAYS: 7-8:30pm @ PA
SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS) @ TCS
SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS) @ TCS

GRADES 1-6

THURSDAYS: 7-8:30pm @ PA
SATURDAYS: 5-6:30pm @ TCS
SUNDAYS: 5-6:30pm @ TCS

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

PAYMENT INFORMATION ACT NOW before sessions close out.

**PAYABLE: US HOOPS CORPORATION.
NO REFUNDS.**

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 basketball training programs. The COVID-19 pandemic continues to exist throughout New Jersey and the U.S., is a highly contagious disease, and all persons participating in HoopsAmerica programs are participating at their own risk and that Hoops America shall not be responsible or liable if any guest is positively diagnosed with COVID-19.

Name of Participant or Parent or Guardian (Print)

Signature of Participant or Parent or Guardian

Date