HOOPS AMERICA Registration Form

2026 FALL PROGRAMS

EARLY REGISTRATION DISCOUNT DEADLINE: AUGUST 20, 2026

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

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

FALL SCHEDULE GUIDE: August 29 through November 22, 2026

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

USHOOPS
732-407-7072
www.ushoops.com
coachamanda@ushoops.com
facebook.com/ushoops
twitter.com/ushoops

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 August 29 through November 23, 2026.
Visit ushoops.com for any additional information.

MUST USE ALL SESSIONS BY NOVEMBER 22, 2026. SESSIONS DO NOT CARRY OVER

PROGRAM INFORMATION *Please check appropriate box. All sessions must be used in Fall 2026*

Fall Programs Tuition

☐ SESSIONS . . . . . **# of Sessions** [Tuition] . . ☐ **4** [$150] ☐ **8** [$280] ☐ **12** [$390]

Season Pass Members: **Bronze: $450** **Silver $650** **Gold $850**
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 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: ***Location will be Timothy Christian School or Randolphville School. TBD: Perth Amboy Old High School weekdays.***

MS/HS GIRLS	MS/HS BOYS	GRADES 1-6
MONDAYS & WEDNESDAYS: 7-8:30pm	**MONDAYS:** 7-8:30pm	**THURSDAYS:** 7-8:30pm
SATURDAYS: 2-3:30pm (HS); 3:30-5pm (MS)	**SATURDAYS:** 2-3:30pm (HS); 3:30-5pm (MS)	**SATURDAYS:** 5-6:30pm
SUNDAYS: 2-3:30pm (HS); 3:30-5pm (MS)	**SUNDAYS:** 2-3:30pm (HS); 3:30-5pm (MS)	**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 2026 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 _____