

# Hoops America Registration Form 2025-2026 WINTER PROGRAM

NOVEMBER 29, 2025 - MARCH 1, 2026

**LOCATIONS:**

TCS = Timothy Christian School, 2008 Ethel Rd, Piscataway NJ

RES= Randolphville Elementary School, 501 S. Randolphville Rd, Piscataway, NJ

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

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@hoopsamerica



732-407-7072

[www.ushoops.com](http://www.ushoops.com)

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**REGISTER ANY  
TIME DURING THE  
WINTER SEASON!**

**1. CHOICE:** Students may choose to focus on Skill Development or to incorporate Athletic Training & Competition.

- a. On a School or Travel Team (HS/MS) and wish to limit your physical training? We'll work on advancing your skill levels (shooting, ball-handling, etc.) while limiting the running, contact and competition.
- b. Want the training & heated competition? That's available at your discretion. Let's go after it!

**2. TOTAL FLEXIBILITY** to attend any Session during appropriate age group.

**3. All registered sessions must be used during the 25-26 Winter Season.**

**TUITION: WINTER PROGRAM PACKAGE**

- Bronze Package (14 sessions \$450)
- Silver Package (25 sessions \$650)

**TUITION: WINTER SESSIONS**

- Sessions (Sessions/Cost): 3/\$120 • 8/\$280 • 12/\$400

**INFORMATION**

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 \_\_\_\_\_

**SCHEDULE** **Flexibility:** Use Sessions at ANY TIME. Choose from Wednesdays, Thursdays, Saturdays, and/or Sundays. All Sessions 90 mins.

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DAY	LOCATION	TIME	GROUPS	DAY	LOCATION	TIME	GROUPS
SATURDAY	TCS	2-3:30pm	HS/MS Girls & Boys	SUNDAY	TCS	2-3:30pm	HS/MS Girls & Boys
SATURDAY	TCS	3:30- 5:00pm	Grades 1-6 Girls & Boys	SUNDAY	TCS	3:30-5:00pm	Grades 1-6 Girls & Boys
WED	RES	7-8:30pm	All Groups	THURSDAY	RES	7-8:30pm	All Groups

**GROUPS:** Grades 1-6 (B&G=Boys & Girls, Grades 1-6); Middle School (MSB=Boys/MSG=Girls, Grades 6-8); High School (HSB=Boys/HSG=Girls, Grades 9-12)

Tuition Payment: Program Amount \$ \_\_\_\_\_ + One-time Registration Fee \$25 = Total \$ \_\_\_\_\_

(For new member only)

Payment Method: (Circle) Check / Cash

Payment Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

All Checks payable to US Hoops Corporation.  
NO REFUNDS. NO SESSIONS CARRY OVER.

**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 Hoopsamerica 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