



Hoop Mountain PA
c/o Coach Daryn Freedman
547 Burkes Drive
Coraopolis, PA 15108

Office: 412-375-7420
Mobile: 412-400-1320

hoopmountainpa@gmail.com
coachf@hoopmountainpa.com

HOOP MOUNTAIN PARENTAL CONSENT FORM

(To be used for Internet applicants)

Please enroll the undersigned. The applicant is in good health and able to participate in the physical activity of a vigorous program. Hoop Mountain has my permission to provide emergency medical care in the event my son is injured or ill. I consent my son to participate in Hoop Mountain basketball camp.

Camper's name _____

Parent/Guardian Signature _____

Parent/ Guardian Name _____

Date signed _____

PLEASE MAIL BACK TO:

Hoop Mountain PA, c/o Coach Daryn Freedman, 547 Burkes Drive, Coraopolis, PA 15108