

MEDICAL RELEASE

Parent Signature: _____

By placing my signature on the above line I, _____, authorize enrollment and submit that my child _____ is physically fit to participate in strenuous athletic activity, and waive HOOP-LOGY, its staff, affiliated entities, their officers, agents and employees from and against any injury, reoccurrence of any undisclosed pre-existing injury or illness prior to the first day of camp, and all liabilities or causes of action arising out of, or in connection with, my child's participation in this camp.

The coronavirus, COVID-19, has been declared a worldwide pandemic and is highly contagious. As a result, to continue to have an environment that is safe for campers and staff, camp activities, social distancing, and other essential safety measures at Hoop-ology have been established. The Camp has put reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at the Camp and its associated activities. Even with the implementation of safety protocols, the Camp cannot guarantee that you or your child will not become infected with COVID-19. Attendance at Camp and participation in associated activities could increase your child's risk of contracting COVID19.

Campers and Staff Wearing Face Coverings:

1. Campers are strongly encouraged to wear masks when they are not engaged in physical activity and/or unable to maintain social distance.
2. All campers and staff not vaccinated are strongly encouraged to wear masks.

As a parent, I understand that if my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by Camp staff, and I must make immediate preparations to have my child picked up from Camp. Like a staff member (if applicable) experiencing any of the above, I understand that I will need to go home as soon as possible.

Does your family have medical coverage that includes the applicant?
Yes ___ No ___ Name of insured family member _____

Name/Address of Medical Insurance Company _____

Policy Number _____

Name, Address, Telephone Number of the insured's Employer _____

Person(s) to Contact in Case of Emergency

1. _____ Phone () _____

2. _____ Phone () _____

HOOP-LOGY, INC
Post Office Box 21502
Columbia, SC 29221
www.hoop-ology.com



HOOP-LOGY



2023
BASKETBALL CAMPS
COLUMBIA, SC

GIRLS' CAMP, JUNE 19-22, 2023
AGES 6-18 @ EAU CLAIRE HIGH SCHOOL

BOYS' CAMP, JUNE 26-29, 2023
AGES 4-6 & 7-9 @ EAU CLAIRE HIGH SCHOOL
AGES 10-13 @ C. A. JOHNSON HIGH SCHOOL
AGES 14-18 @ CARDINAL NEWMAN HIGH SCHOOL

HOOP-OLGY



HOOP-OLGY is a Columbia, South Carolina based company which specializes in athletic development. The company motto: "Where you learn to play ... and play to learn" expresses our holistic approach to team sports. Hoop-ology sponsors basketball camps, clinics and tournaments, which expose all youth to the common elements found in team sport and activity.

We emphasize the importance of:

- Physical Skills and Techniques
- Proper Training and Conditioning
- Team Sport and Organized Play
- Positive Mental Attitudes
- Healthy Lifestyles and Relationships
- Good Sportsmanship and Conduct



SCHEDULE

- 8:00-8:30 AM** Campers Arrive at School
Gymnasiums
- 8:45 AM** **Class Begins**
- 9:00-9:30 AM** Stretching / Drill of the Day
- 9:35-11:55 AM** Rotating Stations: Ball Handling
Shooting • Defense • Rebounding
Conditioning • Passing
- 12:00-12:30 AM** Free Throws (Teams)
Three Point Shooting (Teams)
Hot Shot
- 12:35 PM** **Lunch**
- 1:30-2:45 PM** Team Competition
- 2:45-3:00 PM** Daily Wrap-up
- 3:00 PM** **Campers Depart**

FOR ADDITIONAL INFORMATION CALL:

Phone: 803.546.0354

**This camp is designed to
be a fun and rewarding
experience for as many as possible.
There is ZERO TOLERANCE
for negative behavior.**

CAMP APPLICATION

___ Girls' Camp June 19-22, 2023

___ Boys' Camp June 26-29, 2023

Please indicate which camp your child will attend.

Camp fee is \$150.

This includes activity costs, lunches and camp T-shirt.

Child's Name: _____

Parent's Name: _____

Email Address: _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____

Cell Phone (____) _____

Business/Home Phone(____) _____

Does participant play basketball for his/her school or for a recreational league? Yes ___ No ___ If yes, what age group? _____

Name of School and/or Team _____

Name of School or Team Coach _____

Height _____ Weight _____

T-shirt Size _____ Shoe Size _____

Parent Signature _____

Please pay with a certified check or money order for \$150.

NO PERSONAL CHECKS WILL BE ACCEPTED!

Please make certified checks payable to: HOOP-OLGY, Inc.

Post Office Box 21502 • Columbia, SC 29221

ALL MONIES ARE NON-REFUNDABLE!

WWW.HOOP-OLGY.COM