

# 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-OLOGY, 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-OLOGY, INC  
Post Office Box 21502  
Columbia, SC 29221  
[www.hoop-ology.com](http://www.hoop-ology.com)



# HOOP-OLOGY



## 2024

**BASKETBALL CAMPS  
COLUMBIA, SC**

**GIRLS' CAMP, JUNE 17-20, 2024  
AGES 6-18 @ EAU CLAIRE HIGH SCHOOL**

**BOYS' CAMP, JUNE 24-27, 2024  
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-OLOGY



**HOOP-OLOGY** 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 17-20, 2024  
\_\_\_ Boys' Camp June 24-27, 2024

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-OLOGY, Inc.

Post Office Box 21502 • Columbia, SC 29221

**ALL MONIES ARE NON-REFUNDABLE!**

**WWW.HOOP-OLOGY.COM**