

REBEL HOOP CLINIC

Walpole High School
See prices below
Stacy Bilodeau & Dave St. Martin

See times below
Daily: See dates below
Entering Grades K - 9

ADDITIONAL FAMILY MEMBERS MAY DEDUCT \$15 FROM THE CLINIC FEE IF THEY REGISTER AT THE SAME TIME

RHG1	Girls K - 2	June 30 - July 2	9am - Noon	\$110 R / \$120 NR
RHG2	Girls 3 - 5	July 5 - July 8	9am - 2pm	\$200 R / \$210 NR
RHG3	Girls 6 - 9	July 26 - July 29	9am - 2pm	\$200 R / \$210 NR
RHB1	Boys K - 2	June 30 - July 2	1pm - 4pm	\$110 R / \$120 NR
RHB2	Boys 3 - 5	July 19 - July 22	9am - 2pm	\$200 R / \$210 NR
RHB3	Boys 6 - 9	Aug. 2 - Aug. 5	9am - 2pm	\$200 R / \$210 NR

- Warm up program and individual practice program
- FUNdamental instructional stations daily and individual assessment
- Game and scrimmage competition twice daily
- 1 on 1, 3 on 3, shooting and free throw competition
- Counselors are former and current Walpole High School players
- Camp t-shirt and basketball for every camper

PRIMARY CONTACT NAME: _____ PRIMARY CONTACT D.O.B.: _____ (REQUIRED)

EMAIL: _____

HOME PHONE: _____ CELL: _____ WORK PHONE: _____

MAILING ADDRESS: _____ (STREET) _____ (TOWN) _____ (ZIP)

SECONDARY CONTACT: _____ PHONE: _____

REGISTRANT KNOWN ALLERGIES: _____

CLASS #	REGISTRANT'S FULL NAME	SEX	DATE OF BIRTH	GRADE (FALL '10)	FEE
MAKE CHECKS PAYABLE TO :					TOTAL
TOWN OF WALPOLE					

Secondary Emergency Contact: _____ Phone: _____ Relationship: _____

Insurance Co.: _____ Policy Number: _____

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant(s) to participate in the program(s) offered by the Walpole Recreation Department, and hereby release the Town of Walpole, any of its elected or appointed officials or instructors, employees, volunteers, or program coordinators from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages sustained by me or us or our minor children on account of his or her participation in said program or event.

DATE: _____ SIGNATURE: _____ PRINTED NAME: _____

_____ Registrants may be photographed while participating in Recreation Department programs. Please provide your permission to publish INITIALS photographs of the enrolled registrants in our brochure or other printed material by providing your initials.

FOR OFFICE USE ONLY		TIME STAMP	COMPUTER INITIALS
DATE RECORDED: _____ / _____ / 2010	RECEIVED BY: _____		
CK # _____	CASH # _____	AMOUNT: _____	