



Application:

Please enroll the undersigned. The applicant is in good health and able to participate in physical activity. The showcase has my permission to provide emergency medical care in the event of injury. I understand that the Metro-Atlantic Showcase presented by Hoop Mountain has the right to use, for publicity and advertising purposes, all photos and videos of participants during the showcase.

Fill out the form below and mail.

Player Name: _____

Parent Name: _____

City, State, Zip: _____

Telephone #: _____ Player email: _____

AAU Team: _____ Coach _____ Coach Email _____

Height: _____ Position: _____

Graduating Class: _____ High School _____ GPA (4.0 scale): _____

PSAT/SAT: Math: _____ Verbal: _____ Writing: _____ ACT: _____

Health Insurance: _____

Policy #: _____

Cost: \$95.00 Make check payable to Hoop Mountain Metro Atlantic Girls.

Mail to: Hoop Mountain Metro Atlantic Girls
P.O. Box 221
Reisterstown, MD 21136
Larry.hoopmountain@comcast.net

