



**Date:** Monday Aug. 14 — Friday Aug. 18

**Times:** 9:00 AM—1:00 PM

**Who:** Girls grades 4th—10th as of 9/23

**Where:** Half Hollow Hills East High School

**Cost:** \$250

Directed by:

Adam Cirnigliaro

Half Hollow Hills East Girls Varsity Basketball Coach

Director of Long Island Renegades AAU Basketball

For more information please contact: [acirnigl@gmail.com](mailto:acirnigl@gmail.com)/631-987-0300

This is not a Half Hollow Hills sponsored or endorsed activity: Not-for-Profit

**Make Checks Payable to: "Hills East Hoops Booster"**

**Venmo: @hillseasthoops**

**Mail Registration Form to:**

**Hills East Hoops 409 2nd Avenue East Northport, NY 11731**

APPROVED FOR DISTRIBUTION  
JUN 14 2023  
DR. PATRICK HARRIGAN  
SUPERINTENDENT OF SCHOOLS

*amm*

# Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ TEL # \_\_\_\_\_

Mothers Name: \_\_\_\_\_ TEL # \_\_\_\_\_

Contact Email: \_\_\_\_\_

Any Medications: \_\_\_\_\_

Any Allergies/Medical Concerns : \_\_\_\_\_

## For Parents/Guardians

***I hereby request that my child be admitted to attend the Hills East Hoops Basketball Camp at Half Hollow Hills East High School and authorize the directors or any members of the staff to act for me according to their best judgment in any emergency requiring medical attention. I understand that any child who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse. My child is in good health and may participate in all activities. Hills East Hoops will not be held responsible for injury or illness if same was not caused through fault of Hills East Hoops. I the undersigned parent or guardian do hereby authorize Hills East Hoops or any law enforcement agency to use their judgment in obtaining medical treatment for my child. I give permission to the medical, dental, emergency room staff selected to render any emergency, surgical or dental treatment necessary. I understand that any costs incurred for my child for such emergency shall be my sole responsibility. It is also understood that effort shall be made to contact the undersigned prior to rendering treatment to the child, but that none of the above treatment will be withheld if the undersigned cannot be reached. Be aware that pictures or video footage may be taken during the camp for promotional, commercial or educational use.***

PARENT/GUARDIAN SIGNATURE

X \_\_\_\_\_ DATE \_\_\_\_\_