

2019 Rick Mount Shooting School Registration Form

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____

State: _____ Zip Code: _____ School: _____

Home Phone: _____ Emergency Phone Number: _____

Email Address: _____

Select Camp:

____ **June 18, 19, 20**

Memory Hall, Lebanon, Indiana

____ **July 16, 17, 18**

Memory Hall, Lebanon, Indiana

____ **July 22, 23, 24**

Memory Hall, Lebanon, Indiana

_____ has my permission to participate in a 2019 Rick Mount Shooting School. I have enclosed a \$50, non-refundable, deposit. I also give permission for my son or daughter to be videotaped while he/she is shooting the basketball and Rick Mount voicing over comments about his/her shooting form. I agree that my son or daughter is in physical shape to participate and give the Rick Mount Shooting School staff permission to conduct diagnostic, therapeutic, and operative procedures that may be deemed necessary, which includes being treated by a physician.

Parent/Guardian Signature: _____ Date: _____

Please mail this form to:
Rick Mount Shooting School
904 Hopkins Rd.
Lebanon, IN 46052
(765) 891-0368