

# 2022 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 21 & 22**

Memory Hall, Lebanon, Indiana

\_\_\_\_ **July 12 & 13**

Memory Hall, Lebanon, Indiana

\_\_\_\_\_ has my permission to participate in a 2022 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