

2024 Rick Mount Shooting School Registration Form

Name: _____ Age: _____ Sex: _____
Address: _____ City: _____
State: _____ Zip Code: _____ School: _____
Phone Number: _____ Emergency Phone Number: _____
Email Address: _____

Select Camp:

_____ **Session 1: June 25-26**

_____ **Session 2: July 16-17**

Camp Location:

**Memory Hall
315 N Lebanon St.
Lebanon, IN 46052**

_____ has my permission to participate in a 2024 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

Total Cost: \$200
A \$50 deposit is due at registration (non- refundable)
Ages: 10-18