

2025 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 17-18**

_____ ***Session 2: June 24-25**

_____ ***Session 2: July 15-16**

Camp Location:

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

*Each camp is limited to the first 16 campers to register.

_____ has my permission to participate in a 2025 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