**2014 Rick Mount Shooting School Registration Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select Camp: Check One: \_\_\_\_ Day Camper \_\_\_\_ Overnight Camper

**\_\_\_\_\_June 25-27\*   Memory Hall, Lebanon, IN**

***\*\*\*The Gym where Rick Mount played high school basketball***

​

**\_\_\_\_\_July 7-9\*        Christian Life Schools, Rockford, IL**

​

**\_\_\_\_\_July 14-16\*      Horseheads High School, Horseheads, New York**

***\*\*\*Hosted by Andy Scott***

​

**\_\_\_\_\_July 23-25\*  Kingdom Sports Center, Franklin, OH**

**\_\_\_\_\_July 27-29     Millikin University, Decatur, IL**

​

**\_\_\_\_\_August 1-3    Spiece Fieldhouse, Fort Wayne, IN**

​

**\_\_\_\_\_August 8-10  Spiece Fieldhouse, Fort Wayne, IN**

​

\* indicates Day Camp Only

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in a 2014 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: **Overnight Camp $250**  
Rick Mount Shooting School **Day Camper at an Overnight Camp $225**  
904 Hopkins Rd. **Day Camp  $200**  
Lebanon, IN 46052 **A $50 deposit is due at registration (non-** (765) 891-0368 **refundable)**