

leGassickSquash 2018 presents

Junior Squash Camps



Application leGassickSquash Camps located at Tabor Academy, Marion, MA, USA.

June 10-15th (Residential).....\$1700.00**

**Commuter Camper \$850.00

Name.....

Gender: Male Female

DOB.....

Parent Email.....

Address.....

**Squash
History/Ranking**.....

.....
.....

.....

**Parent/Guardian
Name**.....

T Shirt Size: S M L (Adult sizes)

Home Phone.....

Residential - **June 10th to 15th**

Commuter - **June 10th to 15th**

**Cell Phone
(Student)**.....

Refunds: Before May 15th full refunds (less \$100 administrative fee). After May 15th - no refunds. Registration information will be sent upon receipt of application or by May 1st.

**(Parent's Cell
Phone/s)**.....

**Emergency Contact
#**.....

**Your place in the camp is accepted/confirmed upon receipt and deposit of check. Email/phone correspondence does NOT guarantee a reserved place in the camp.

Please make checks payable to 'leGassickSquash llc' and send to:

Stuart leGassick, 5 Beacon Street, Mattapoisett, MA 02739

**Medical Information Waiver
leGassicksquash Camps**

Name _____

Address _____

Phone _____ Emergency Phone _____

Parent's/Guardian Acknowledgment:

I verify that my child has been checked by a licensed physician prior to coming to the leGassickSquash Camp and is physically able to participate fully. I understand the inherent risk involved and I do hereby assume all risks included in my son's/daughter's participation in such activities. I agree to allow my child to be treated by a physician while attending the camp in the event of an emergency or injury. In addition, I assume all risks resulting from the participation in this sports training center and camp and will hold harmless 'leGassickSquash llc' or 'Tabor Academy' and its employees of any and all liability, actions, cause of actions, claims and demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Signature of Parent/Guardian or Adult: Applicant _____ Date _____

Insurance Carrier and Policy # _____

I understand that neither 'leGassickSquash llc' or 'Tabor Academy' or anyone representing the camp is held liable for any accident and/or medical expenses incurred as a result of participation in the camp. The applicant is in good health and able to participate in the activities of the program.

Signature of Parent/Guardian or Adult: Applicant _____

If you are unable to print any of the forms off the website in order to register for the camp please call 401 3396951 or email me at campinfo@legassicksquash.com