

# leGassick Squash 2012 presents

**Adult Squash Camp with Scottish National Coaches  
Roger Flynn and Paul Frank**



## **Application for Adult Squash Camp located at Brown University RI USA.**

Adult Squash Camp: Friday June 15<sup>th</sup>/16<sup>th</sup>/ 17th 2012,  
Friday 15<sup>th</sup> 5pm – 9pm and Saturday 9am – 5pm and Sunday 9am – Noon.

*Roger Flynn is the Scottish National Scottish Coach. Paul Frank was recently the Scottish High Performance Coach. They are among the most accomplished coaches in the world. This is a wonderful opportunity for adult squash players to learn from the world's best!*

**Name**.....

**T Shirt Size:** S M L

**Address**.....

Camp Fee: \$ 500.00

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**Home Phone**.....

**Refunds:** Before June 1<sup>st</sup> full refunds (less \$50 administrative fee). After June 1st no refunds. Registration information will be sent upon receipt of application or by May 15<sup>th</sup>.

**Cell Phone**.....

**Emergency Contact**

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

**#**.....

**Email**.....

Please make checks payable to 'le Gassick Squash llc' and send to:

Stuart le Gassick, 136 Eighth Street, Providence RI 02906.

For more information please contact Stuart le Gassick at [campinfo@legassicksquash.com](mailto:campinfo@legassicksquash.com) or call **401 351 1834**.

**Medical Information Waiver  
leGassick SquashCamps**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Camper's Acknowledgment:**

I verify that I am in good physical shape prior to coming to the leGassick Squash Camp and I am physically able to participate fully. I understand the inherent risk involved and I do hereby assume all risks included in participation in such activities. I assume all risks resulting from the participation in this sports training center and camp and will hold harmless 'le Gassick Squash llc' or 'Brown University' 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: \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier and Policy # \_\_\_\_\_

I understand that neither 'le Gassick Squash llc' or 'Brown University' 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: \_\_\_\_\_

(If you are unable to print any of the forms off the website in order to register for the camp please call 401 351 1834 or email me at [campinfo@legassicksquash.com](mailto:campinfo@legassicksquash.com)).