

# legassicksquash 2012 presents

## Junior Squash Camps



### Application Information for the Squash Camps located at Brown University RI USA.

Camp: Session I June 10-15<sup>th</sup> (Residential).....\$1700.00\*\*  
Camp: Session II June 17-22<sup>nd</sup> (Residential).....\$1700.00\*\*  
Camp: Session III June 24-29<sup>th</sup> (Residential).....\$1500.00\*\*\*

\*\*Session I & II Day Camper \$900.00 \*\*\*Session III \$800 (9am – 5pm).

Name.....

Parent Email.....

DOB.....

Squash  
History/Ranking.....

Address.....

T Shirt Size: S M L (Adult sizes)

Parent/Guardian  
Name.....

Please Circle Session:  
Session I Residential **June 10<sup>th</sup> to 15<sup>th</sup>**  
Session I Commuter  
Session II Residential **June 17<sup>th</sup> to 22<sup>nd</sup>**  
Session II Commuter  
Session III Residential **June 24<sup>th</sup> to 29<sup>th</sup>**  
Session III Commuter

Home Phone.....

Cell Phone  
(Student).....

**Refunds:** Before May 15<sup>th</sup> full refunds (less \$100 administrative fee). After May 15<sup>th</sup> - no refunds. (After June 1<sup>st</sup> for Session III). 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.

Gender: Male Female

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

Stuart leGassick, 136 Eighth Street, Providence RI 02906.

**Medical Information Waiver**  
**legassicksquashCamps**

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 '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 of Parent/Guardian or Adult: Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

I understand that neither 'legassicksquash 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 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 401 351 1834 or email me at [campinfo@legassicksquash.com](mailto:campinfo@legassicksquash.com)).

