

legassicksquash 2012 presents

Junior Squash Camps



Application Information for the Squash Camps located at Heriot Watt University Edinburgh Scotland.

Camp: Session IV July 8th – 21st. \$4,000 US Dollars

Name.....

Parent Email.....

Address.....
.....
.....

DOB.....

Gender: Male Female

Parent/Guardian
Name.....

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

Home Phone.....

T Shirt Size: S M L (Adult sizes)

Cell Phone
(Student).....

Refunds: Before June 15th 2012 full refunds (less \$250 administrative fee). After June 15th no refunds. Registration information will be sent upon receipt of application or by May 15th.

(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, 136 Eighth Street, Providence RI 02906.

** International Campers – email Stuart at campinfo@legassicksquash.com for information on wiring (Swift) the camp fee.

For more information please contact Stuart le Gassick at campinfo@legassicksquash.com or call 401 351 1834.

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 'Heriot-Watt 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 'Heriot-Watt 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