



755 South Price Road, St. Louis, Missouri 63124-1866

## **SQUASH CAMP REGISTRATION FORM**

**Camp attending (circle one):**

**YOUTH (grades 3-6), June 7-11, 3:30-4:30pm, \$110**

**YOUTH (grades 7-8), June 7-11, 4:45-6:15pm, \$135**

**HIGH SCHOOL (grades 9-12), June 14-18, 3:30-4:45pm, \$135**

**ELITE HIGH SCHOOL (advanced players), June 14-18, 4:45-6:15pm, \$160**

Athlete's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Grade (fall of '21): \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Limitations/restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

**\*\*Please send registration form and check (make check payable to John Burroughs School) to Coach Tahir Mohammad: 755 South Price Road, St. Louis, MO 63124.**

We (I), hereby request that you accept the application for enrollment of \_\_\_\_\_ in the Bomber Squash Camp during the dates set forth in this application. We (I) hereby release, John Burroughs School and employees, from all claims as a result of any injuries, which may be sustained by my child while attending the Bomber Squash Camp. We (I) hold JBS blameless for any claims, which may hereafter be presented by my child as a result of any such injuries.

We (I) authorize the employees of Bomber Squash Camp to act for me using their best judgment in any situation requiring medical attention. We (I) know of no physical conditions, which might affect my child's ability to safely participate in the camp.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_