

2023 REACH FIELD HOCKEY & LEADERSHIP CAMP APPLICATION

CAMPER NAME _____ CURRENT GRADE _____

PARENT NAME _____ PHONE # _____

EMAIL _____

June 26 - 29 session ____ PRO-RATED sessions # of days _____

WAIVER: I UNDERSTAND AND ACCEPT THE CONDITIONS THAT:

REACH FIELD HOCKEY & LEADERSHIP CAMP, Cheryl Poore, MRHS, will NOT BE HELD LIABLE for accidents and medical or dental expenses incurred as a result of participation in this program.

In the event of injury or illness the camp personnel have my permission to provide first-aid and or acquire emergency medical attention.

_____parent/guardian

_____Date

MAKE CHECKS PAYABLE TO CHERYL M. POORE

MAIL TO: 4 GLENWOOD DRIVE HARWICH, MA 02645 or Venmo @ reachdynamics1@gmail.com