



2019 Penn Squash Camp

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Email: _____

School: _____ Grade in _____

Age: _____ Position: _____

Name of coach: _____

Name of parent/legal guardian: _____

Emergency telephone number: _____

I certify that this registration fee has not been provided by a representative of Penn athletics interest (booster).

Signature of Parent/Legal Guardian _____

Important: Please Read Carefully!

Release: I hereby request that you accept the application of _____ in the 2019 Penn Squash Camp during the dates set forth in this application, and in consideration of your acceptance of the application, I hereby release the Penn Squash Camp and the University of Pennsylvania, and all their trustees, officers, employees, and agents, from any and all liability or claims relating to any injuries that may be sustained by the camper while attending the Penn Squash Camp or any and all claims which may hereafter be presented by or on behalf of the camper (minor child) relating to such injuries. Such released claims include claims for negligence, gross negligence, or recklessness.

Signature of Parent/Legal Guardian _____

Important: Please Read Carefully!

Authorization for Medical Treatment and Release: In case of emergency or if any medical attention is required by my child, I hereby give my permission to the Penn Squash Camp staff and/or Penn to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release the Penn Squash Camp and the University of Pennsylvania, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment. Such released claims include claims for negligence, gross negligence, or recklessness.

Signature of Parent/Legal Guardian _____

