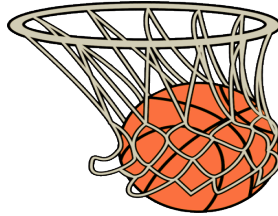


CHASE THE GAME



SUMMER CLINIC

AT HOLY ROSARY SCHOOL GYM
FOR BOYS AND GIRLS

DIRECTOR TOM MURRAY

9AM – 12PM Grades 1st – 6th 12PM – 3PM Grades 7th – 9th

Monday Aug 20 – Friday Aug 24, 2018

\$120 PER CHILD

Please make check payable to Chase The Game. Please mail application and payment to Chase The Game 941 McLean Avenue Box # 316 Yonkers, NY 10704 For more information please call (914) 320-5297 or email chasethegame@yahoo.com

WWW.CHASETHEGAME.COM/ Day Camp page

WE PROVIDE WATER

Name _____ D.O.B _____ Grade _____

Address _____ Apt _____

City _____ State _____ Zip _____ Phone () _____ - _____

Email _____

Emer.Contact _____ () _____ - _____

I undersigned hereby certify that I am the parent/legal guardian of the registered party. I understand there is a risk of injury involved when participating in sports and I am responsible for all medical payments. I hereby give permission to the Chase The Game staff to act according to their best interest in any situation regarding medical attention. I also recognize that my child may be taking part in performances and permission is hereby given for my child to participate without compensation. The camp will take photographs, statements and videos of campers in promoting the camp and camp related activities through advertising, websites, publications and exhibitions.

Name _____ Date _____