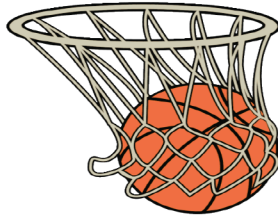


# CHASE THE GAME



## HOLIDAY CLINIC

YONKERS MONTESSORI ACADEMY

BOYS AND GIRLS Grades 3rd - 8<sup>th</sup>

DIRECTOR TOM MURRAY

Mon Dec 26 – Fri Dec 30

Mon-Thurs 9-3 Fri 9-12

\$250 PER CAMPER \$25 SIBLING DISCOUNT

Please bring your lunch

Make check payable to CHASE THE GAME and mail to

941 McLean Ave Box 316 Yonkers, NY 10704

For more information please call (914) 320-5297 or email [chasethesame30@yahoo.com](mailto:chasethesame30@yahoo.com)

[WWW.CHASETHEGAME.COM/](http://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 loss of damage to camper/property/injury/death and coming in contact with Covid 19 and other infectious diseases involved when participating in sports. I release Chase The Game (CTG) and facility of all responsibility regarding medical/health/property payments. I hereby give permission to the CTG staff to act accordingly 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.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

