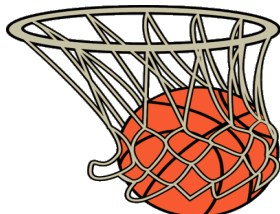


# *CHASE THE GAME*



## *SPRING BREAK 3DAY CLINIC*

at DODSON SCHOOL (follow our web site directions)

FOR BOYS AND GIRLS

DIRECTOR TOM MURRAY

Grades 3rd -8<sup>th</sup> Tuesday April 16 – Thursday April 18, 2019 9:15am-3:00pm

\$150 PER CHILD \$10 SIBLING DISCOUNT

PLEASE BRING YOUR OWN LUNCH

Please 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  
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.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_