

ALGONQUIN TRACK & FIELD CAMP



ONE WEEK ONLY

MONDAY, JUNE 18 – FRIDAY, JUNE 22
5:00 – 8:00 PM

CELEBRATING OUR 20TH ANNIVERSARY

BOYS & GIRLS
AGES 6 - 14

REGISTRATIONS MUST BE RECEIVED BY
JUNE 4, 2018



ARHS TRACK & FIELD CAMP

ONE CHILD PER APPLICATION

Parent's Last Name: _____ Parent's First Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Cell # (____) _____ E-Mail address: _____

Athlete's Last Name: _____ Athlete's First Name: _____

Current Grade in School _____ Gender: M / F

T-SHIRT SIZE; YOUTH M L ADULT S M L XL

Cost for week \$100 – 1st child \$100 – 2nd child \$95 – 3rd child Family Max -\$295

ALL REGISTRATIONS MUST BE RECEIVED BY June 4, 2018

NO REFUNDS AFTER JUNE 11, 2018

Make checks payable to: Algonquin Track Camp

Mail to: ARHS Track Camp
C/O Coach Boschetto
58 Pinehurst Ave.
Auburn, MA. 01501

May we use your child's picture: Yes _____ No _____

Medical Treatment Authorization

I hereby authorize the staff of Algonquin T& F Camp to provide medical care that includes routine medical treatment as necessary to my minor son/daughter.

Signature: _____ Date _____

Physical conditions that the staff should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.)

Name of family physician: _____ Phone no. _____

Please indicate HMO PPO

Insurance company name and address _____

City _____ State _____ Zip _____

Policy subscribers name: _____

Emergency contact name _____ Phone No.: _____

