

# Mark Allen Squash Camps at Boar's Head Sports Club

## Form 1 of 5: Player Information Form 2016

**NUSEA UVA Summer Squad**  
**July 11-15, 2016**

Player's Name: \_\_\_\_\_

**Parent 1**

**Parent 2**

Name: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

**Travel Arrangements – ARRIVAL (please tick the one that applies)**

  
  
  

1. The Camper will be transported without any assistance to the check-in at the dorms on Day 1
2. Transportation details are not known at this stage but will be emailed through as soon as confirmed
3. The Camper will require pick-up by the Camp Coaches
4. The camper will be handed over as the Gold Tournament ends (option for week 3 only)

If 3 please confirm one of the following (and email train/ flight details):

  
  

1. Collection at Charlottesville Amtrak Station on Day 1
2. Collection at Charlottesville-Albermarle Airport on Day 1
3. Collection at Richmond Airport on Day 1

**Travel Arrangements – DEPARTURE (please tick the one that applies)**

  
  
  

1. The Camper will be picked up from MSC between 1.30pm and 4.30pm on the final day of camp
2. Transportation details are not known at this stage but will be emailed through as soon as confirmed
3. The Camper will require drop off by the camp coaches
4. I require the camper to be supervised through to the start of the Junior Gold tment (option for week 2 only)

If 3 please confirm one of the following (and email train/flight details):

  
  

1. Drop off at Charlottesville Amtrak Station on the final day by 2.30pm
2. Drop off at Charlottesville-Albermarle Airport on the final day by 3.00pm
3. Drop off at Richmond Airport on the final by 5.00pm

Most of the rooms in our dorms are singles, however there are a few doubles. If the camper has another person they wish to share a room with please name them here:\_\_\_\_\_.

**Mark Allen Squash Camps at Boar's Head Sports Club 2016 : Assumption of Risk and Waiver**

**PARTICIPANT HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT  
\*\*\*READ BEFORE SIGNING\*\*\***

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

In consideration of being allowed to participate in any way in the Mark Allen Squash Camp at Boar's Head Sports Club related events and activities (the "Program"), I, the undersigned, acknowledge, appreciate and agree that:

1. The inherent risk of injury from the activities involved in the Program can be significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Mark Allen, Boar's Head Sports Club and UVA Conference Services and each of its officers, officials, agents, and/or employees (collectively, "Releasees") from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, arising out of or in connection with my participation in the Program, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Participant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**For parents of a participant of minor age (under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name (Please Print): \_\_\_\_\_ Emergency Phone  
Number(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mark Allen Squash Camps 2016 at Boar's Head Sports Club  
Medical & Insurance Information Form**

Participant's Name: \_\_\_\_\_

In the event of an emergency we will try both parents on the numbers given to us on the PLAYER INFORMATION FORM (FORM 1). If we cannot reach either then please give me a third emergency contact:

Name: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Primary Physician's Phone Number: \_\_\_\_\_

Please list any and all allergies and type of reaction:

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Medication to be taken:

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All immunizations are current and up to date? (including Tetanus shot (DPT/DT-Td) Yes \_\_\_ No \_\_\_

Are there any Special Diet needs for the camper that we need to be aware of?

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This is Form 3 of 5 (Medical) that need to be mailed to Mark Allen Squash Camps. This form has two pages.

Minor Sports Injuries:

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Any other medical/health information that you think we might need to know:

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As parents/legal guardian or registrant on this form, I/we have determined the registrant to be in good health and able to participate in all camp activities. In addition, I/we understand that in the event medical intervention is needed, every attempt will be made to immediately contact both parents, and then the third emergency contact listed on this form. If unable to reach me/us, I/we do hereby:

- 1) Authorize the staff at Mark Allen Squash Camps and Boar's Head Sports Club to: (a) provide emergency treatment for my/our child should the staff believe it necessary or appropriate to do so without first obtaining my/our permission, (b) secure reasonable medical treatment from the local hospital, clinic or EMS service in the area for my/our child should the staff believe it necessary or appropriate to do so without my/our permission.
  
- 2) Release all persons in charge of our attending the sponsored activity as well as employees, officers, leaders, and members of Mark Allen Squash Camps and Boar's Head Sports Club from (a) any liability for securing or failure to secure such medical treatment and (b) any liability arising from any injury/sickness to my/our child occurring while going to or from such activity or while participating therein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFF-SITE ACTIVITIES FORM 2016  
(To be completed by the Parent)**

Camper's Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

I \_\_\_\_\_ give permission for my son/daughter \_\_\_\_\_ to be taken off site to participate in recreational activities in the evening while attending Mark Allen Squash Camps at Boar's Head Sports Club.

I understand that Camp Staff will accompany all travel and activities, which might include, but are not limited to: mini-golf, movie theatre, bowling, swimming, and Ultimate Frisbee.

Also, by signing this form I hereby confirm that I have visited the website <http://jumpcville.com/sign-waiver/> and completed the on-line waiver for my son/daughter to be able to participate in the camp visit to Charlottesville's Jump Trampoline Park.

Please tick this box if your child cannot swim (he/she will therefore be kept out of the water on our cook-out / swim night).

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHY RELEASE**

I give permission to Mark Allen Squash Camps to take photographs and video of my son/daughter \_\_\_\_\_ (name) during all camp activities. These images can be used on the website and in brochures for future camp advertising. All videos will only be used for coaching purposes and will not be made available for public viewing.

\_\_\_\_\_  
Signature parent/guardian

\_\_\_\_\_  
Date

# Payment Form for Mark Allen Squash Camps 2016

Make absolutely certain you are aware of the cancellation policy as set out on the bottom of this form.

Name: \_\_\_\_\_

## Payment Calculator (please add all those that apply)

Day Camper Week 1 (June 26 to July 1), at \$1,000 \$ \_\_\_\_\_

Residential Camper Week 1 (June 26 to July 1), at \$1,600 \$ \_\_\_\_\_

NUSEA Summer Squad (July 11-15, 2016), at \$625 \$ Paid By NUSEA

Day Camper Week 3 (July 16 to July 20), at \$800  
\$ \_\_\_\_\_

Residential Camper Week 3 (July 16 to July 20), at \$1,300 \$ \_\_\_\_\_

Additional 2 Day Supervision/Accommodation Fee for Week 2 (July 20 & 21), at \$300 \$ \_\_\_\_\_

Day Camper Week 4 (July 24 to July 29), at \$1,000 \$ \_\_\_\_\_

Residential Camper Week 4 (July 24 to July 29), at \$1,600 \$ \_\_\_\_\_

Richmond Airport Pick-Ups / Drop-Offs, at \$75 each \_\_\_\_\_ x \$75 = \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

## Method of Payment (tick one)



Check sent by NUSEA, made payable to **Boar's Head Sports Club** (preferred method). Please mail your check to Mark Allen, Director of Squash, McArthur Squash Center at Boar's Head Sports Club, 200 Wellington Drive, Charlottesville, Virginia. 22903



Please charge my credit card. Kathy Parker, Assistant Director of Finance at Boar's Head will call for the card information. Do not put credit card details on this form.

Number to call you on for payment: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

To notify us of cancellation we need an e-mail from you. The date of the email is acknowledged as the date of cancellation. Please email [markallensquashcamps@gmail.com](mailto:markallensquashcamps@gmail.com). Cancellation by phone or voice mail is not sufficient.

**June Camps**

95% reimbursement of the fee paid if cancelled on any date up to and including April 30, 2016.

50% reimbursement of the entire fee paid if cancelled on or between May 1 and May 31, 2016.

No reimbursement for cancellation that occurs on or after June 1, 2016.

**July Camp**

95% reimbursement of the fee paid if cancelled on any date up to and including May 31, 2016.

50% reimbursement of the entire fee paid if cancelled on or between June 1 and June 30, 2016.

No reimbursement for cancellation that occurs on or after July 1, 2016.

There are no exceptions to this cancellation policy. Any refunds payable will be made within 4 weeks via a check mailed directly from Boar's Head Sports Club finance department.