



2019 February & April Clinics

Please check week(s) attending:

FEBRUARY:

Feb 19-22

APRIL:

April 16-19

COST : \$150 per week (*Siblings pay \$140 per week*)

Name _____

Age _____

Address _____

Town/St/Zip _____

Email _____

Emergency Contact & Phone _____

Medical Conditions (allergies, medications, illnesses, injuries, etc)

The applicant and his parent or guardian understand and assume all risks inherent with participation in the camp and therefore agree to hold harmless Coach McNamara, McNamara Camps LLC and others associated with the camp. It is also understood that the parent and/or guardian is responsible for all medical expenses arising from injury or illness.

Signature: _____

Date: _____

Checks Payable to: McNamara Camps
P.O. Box 151
Holden, MA 01520