

Marauder Chess Camp

Millersville University

1 S George St Millersville, PA 17551

Camper Registration Form

Name (first and last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

Email: _____

Rating: _____

Age: _____

School: _____

T-shirt Size: _____

Select one:

- Commuter (\$435)
- Residential (\$635)

** Assumption of risk and release of liability: The undersigned parent, guardian, or adult in consideration of camper participating in the 2019 Marauder Chess Camp agrees to hold harmless said Camp and its representatives and employees and releases same from any and all liability for any injury suffered by the camper named herein, arising or connected with said Camp and parent, guardian, or adult assumes all risk of injury.

Signature: _____ Date: _____

Camper/ Parent or Guardian of Camper

PLEASE PRINT AND MAIL COMPLETED REGISTRATION, MEDICAL FORM, AND CHECK PAYABLE TO:

Brian Smith
207 Glebe Lane
Lancaster, PA 17602

Tuition: \$635- residential \$435- commuter

Deposit: A \$150 deposit holds your spot and applied to tuition

Residential Campers: Residential fee includes all lodging, all meals, evening activities, camp T-shirt, and tournaments

Commuter Campers: Commuter fee includes camp T-shirt, tournaments, lunch and dinner included. Breakfast can be purchased at an additional fee of \$30

Contact Info: Brian Smith, Director

Call: 717-984-8011 or 717-871-7677

Email: bsmith1@millersville.edu

Marauder Chess Camp

Millersville University

1 S George St Millersville, PA 17551

Name of Camper (first and last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Emergency Phone (answered 24 hours a day): (_____) _____

Father: Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Mother: Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Family Doctor: Name: _____ Phone: (_____) _____

Insurance Company: _____

Group Policy #: _____ Insurance Co. Phone: (_____) _____

Describe medical conditions we need to be aware of (attach additional pages if necessary): _____

Describe any restrictions or other information we should be aware of (attach additional pages if necessary):

** I as a parent/ guardian of the above referenced camper understand that situations occur in which it becomes necessary for immediate medical or surgical treatment to be provided. Should I or my spouse not be available, I hereby give authorization to Marauder Chess Camp director and any physician selected by same to provide medical treatment to include but not limited to medication, hospitalization, anesthesia, and/ or surgery for my child. I further agree to be responsible for all medical. Physician, prescription medication, and/ or hospital charges incurred on behalf of and provided to my child.

Parent/ Guardian Name: _____

Signature: _____ Date: _____