MES Seminoles 2024 Summer Camp Registration



Dear Parent/Guardian,

On Sunday, August 18th, 2024, to Thursday, August 22nd, 2024, the MES Seminoles are hosting the annual MES Seminoles Summer Camp for Team and Non-Team Scholars. The camp will be located in Stroudsburg, PA.

MES primary camp objective is to educate and train participants on how to meet set athletic/health expectations while simultaneously having fun. The MES Seminoles Summer Camp Practice Agenda/Schedule will be from 5:00am to 10:30pm sharp, (LIGHTS OUT). <u>MES requires \$1200.00 U.S. Dollars per/person for the five (5) day sleep away camp which includes an all-inclusive custom package</u>. MES will provide all training equipment to be utilized during the camp. <u>Kids are required to wear Seminoles athletic attire once available and distributed</u>.

Please complete the registration info below and return this form before Friday, August 16th, 2024, with **payments made to MES**: **Cashapp: \$MESMURPHNETTI1 OR Zelle: (347) 869 - 4396** for your kid(s) spot to be reserved! Any questions contact Coach Murphy at (347) 869 - 4396. *Cash payments go directly to Coach Murphy*, *PAYMENT OPTIONS ARE AVAILABLE, BUT FINAL PAYMENT IS DUE 2 WEEKS BEFORE CAMP*.

Athlete's Name
Parent Name Parent Phone Number
We/I, the undersigned, being the parent(s)/legal guardian(s) of the above-named athlete, understand that he will be participating in the MES Seminoles 2024 Summer Camp starting on Sunday, August 18 th , 2024, under the guidance of MES Management. We/I give said kid permission to participate in all such activities. We/I assume full responsibility for the attendance of said kid and we/I hereby agree not to hold MES, or any of their personnel responsible for any, and all, liabilities arising from any accident as a result of travel to and from and participation in such activities.
We/I, the undersigned, being the parent(s)/legal guardian(s) of the above-named athlete, a child of years of age, do hereby authorize nurses, physicians, surgeons, or dentists chosen by personnel of MES to furnish whatever medical or surgical care or management they may reasonably deem necessary for the wellbeing of said kid while the kid is attending this MES Seminoles Summer Camp.
Parent/Guardian Signature:
Parent/Guardian Print Name:
Date:
Email:
Kid Allergies: