

2025 Squire Camps TENNIS Permission Slip

Squire Camps, PO Box 885, Sleepy Hollow, NY 10591

Dear Parents,

Please return this permission slip to travel off campus to play tennis at the Leffel School. Please return this permission slip by June 15th, 2025.

One slip per child please.

(Please Print)

Child Name _____

Address _____

Contact Phone _____

Parent Name _____

My child listed above has my permission to participate in the tennis activity listed above. The applicant will provide proof of recent medical exam prior to the start of camp in accordance with the NYS Board of Health. In case of an emergency, I grant permission for my child to be given medical treatment as prescribed by a physician, nurse, trained medical responder, or hospital. I agree to hold The Maria Regina High School, The Archdiocese of New York and His Eminence Cardinal Timothy Dolan, and Squire Advantage Inc., and Salomon Schechter School loss, or personal expense arising out of this camp or activity. I have read and agree to abide by the camp brochure. Photos and videos are taken during camp and may be used for advertising purposes. If you do not wish to have your child's picture included, please notify us in writing.

Parent Signature _____

Date _____