



755 South Price Road, St. Louis, Missouri 63124-1866

2021 Bomber Hockey Camp

Eligibility: Open to ALL JBS students, rising 7th – 12th Grade

Dates: Monday, June 14th through Friday, June 118th

Time: 4:00 - 6:30 pm

Location: The hockey field (field house in the event of inclement weather)

Cost: \$160.00 checks payable to John Burroughs School

Mail: John Burroughs School

Attention: Meridith Thorpe

755 South Price Road

St. Louis, MO. 63124

Questions: Please contact Meridith Thorpe at (314) 993-4045 ext. 270, mthorpe@jburroughs.org

Participant's Name _____

Year in School (just completed) _____

Address _____

City, State, ZIP _____

Home Phone _____ Cell Phone _____

Student's Email Address _____

Parent's Email Address _____

_____ has my permission to attend the John Burroughs Field Hockey Camp on June 14-18, 2021. We release and waive any claims that may arise against John Burroughs School, its faculty, and employees from any liability, including but not limited to personal injury or property loss or damage arising directly or indirectly out of my child's participation in the field hockey camp. We agree to indemnify and hold John Burroughs, its faculty and employees harmless from any and all such liability or claim from damages.

The school has on file our signed permission for medical treatment. In addition, if we cannot be reached and in the event of emergency, we also have given consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student if she is injured in the course of activities in the camp.

The MSHSAA suggests that a student shall not be permitted to participate in a summer camp until it has verification that she has basic athletic insurance coverage. Our daughter has student accident insurance through John Burroughs School, but this insurance is secondary to her parents' medical coverage; our daughter is covered in the plan listed below.

Name of Medical Insurance Carrier _____

Plan Number _____

Policy Number _____

Subscriber I.D. Number _____

Parent/Guardian Signature _____