



www.ReachLegends.com
(313) 355-2335

Jr. Prelude Session II Indianapolis, IN April 12-14

Hotel : **Marriott Delta Hotels Aiport**
5860 Fortune Circle West, Indianapolis, IN 46241 317-247-9700

EACH PLAYER MUST HAVE THE FOLLOWING ITEMS:
Spending Money for Meals, etc Health Insurance Information (phone screen shot)

Travel Cost for this trip: \$100 {includes hotel / Van} CASHAPP \$bibbb7

Departure: Fri APRIL 12TH 10:00 AM Location: ACC Youth Center
Return: Sun APRIL 14TH 10:00PM Location: ACC Youth Center

Game Location(s): THE FACTORY D1 – 6332 CRAWFORDSVILLE RD, INDIANAPOIS, IN 46224

Name: _____ has my permission to travel to JR. PRELUDE SESSION II Event in **INDIANAPOLIS, IN April 12-14, 2024.** I authorize **R.E.A.C.H Youth Programs (Staff)** as temporary guardian to obtain any medical or surgical care deemed necessary in the case of an emergency. I grant permission to for the emergency room staff to perform any necessary medical treatment in the event of an accident, illness, or life-threading emergency.

Address: _____ City: _____ Phone: _____

Age: ____ Date of Birth: ___/___/___ School: _____ Grade: ____

Medical Insurance: _____ Policy Number: _____

Any Special Medical Attention/Medication/Disabilities/Allergies:

Parent/Guardian Signature: _____ Date: _____