



www.ReachLegends.com  
(313) 355-2335

## *Jr. Prelude Session I Memphis, TN March 22-24*

Hotel : **Marriott Fairfield Inn & Suites Memphis East/Galleria**  
8489 US Highway 64, Memphis, TN 38133 901-381-0085

**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}

**ATTENTION YOU CAN DROPOFF THURSDAY MARCH 21 AFTER 9:00PM**  
**“Hampton Inn & Suites” – 26080 Northwestern Hwy, Southfield, MI 48076**

Departure: **Fri Mar22 – 4:00 AM** Location: **ACC Youth Center**  
Return: **Sun Mar24 11:00pm-12:00am** Location: **ACC Youth Center**

Game Location(s): **P7 SPORTS ACADEMY – 237 WOODLAND LAKE DR, CORDOVA TN 38018**  
Games Schedule info: [Reach Legends](http://ReachLegends.com) , [MI - 8th - The Jr. Prelude League \(exposureevents.com\)](http://MI-8th-TheJr.PreludeLeague.com)

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**Name:** \_\_\_\_\_ has my permission to travel to JR. PRELUDE SESSION I Event in **MEMPHIS, TN March 22-24, 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-threatening 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: \_\_\_\_\_