

L.I. LAX CAMPS

76 South Village Avenue – 1st Floor, Rockville Centre, NY 11570-6129

REGISTRATION FORM – Please complete all information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Email _____

Age _____ Position _____ Experience (yrs.) _____

Date of Birth _____ Grade as of Sept. 2009 _____

School _____

T-Shirt Size Youth _____ S _____ M _____ L _____ XL _____ XXL _____

CHECK BELOW

\$150.00 Non-Refundable Deposit for one session

May 1st, 2008 _____ July 15th, 2008 _____
(\$125 Due at Check-In) (\$150 Due at Check-In)

Session: July 21-25, 9:00am-12:30pm

PLEASE DETACH INFORMATION BELOW FOR YOUR RECORDS

A NON-REFUNDABLE DEPOSIT OF \$150 IS DUE BY July 15th, 2009.

TOTAL COST FOR CAMP: \$300.00

LUNCH WILL NOT BE SERVED, FEEL FREE TO BRING SNACKS

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MEDICAL RELEASE

Please list any medical conditions we should know about.

What medications, if any, do you take on a daily basis?

Please list any allergies.

MEDICAL TREATMENT: We being the legal guardian(s) of the applicant, authorize L.I. LAX Camps, Inc. and its agents permission to request medical treatment as is necessary to insure the well being of our dependent(s).

PARENT'S RELEASE:

In signing this application, I release L.I. LAX Camps, Inc., the City of Orlando and other involved parties from any claims or responsibility for injuries suffered at camp. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and has my full permission to participate in a vigorous lacrosse camp. Further I authorize the site Director to request medical treatment as necessary to insure my child's well-being.

CONSENT OF PARENT OR GUARDIAN

I, THE UNDERSIGNED, being the parent or guardian of _____, do hereby grant permission for his participation in all activities, athletic or otherwise, sponsored by the City Of Orlando and L.I. LAX Camps, Inc., and release from responsibility said corporation for any injuries sustained by him or expenses incurred therefrom, while engaged in any activity of the L.I. LAX Camp, Inc.

Insurance Company

Policy Number

Parent or Guardian(s) Signature

Date

PLEASE SEND REGISTRATION FORM, MEDICAL RELEASE FORM, AND DEPOSIT TO:

CHECK PAYABLE TO:

L.I. LAX CAMPS, INC.
76 South Village Ave. - 1st Floor
Rockville Centre, New York 11570-6129