

L.I. LAX CAMPS – TEAM CAMP

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. 2010 _____

School _____

T-Shirt Size Adult: S _____ M _____ L _____ XL _____ XXL _____

CHECK BELOW

\$350.00 Non-Refundable Deposit for one session

Dates: July 12–16, 2010

12pm – 4pm

PLEASE DETACH INFORMATION BELOW FOR YOUR RECORDS

TOTAL COST FOR CAMP: \$350.00

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., Northview High School, Fulton County Schools and other involved parties from any claims or responsibility for injuries suffered at this 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 Duluth 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 give Registration Form, Medical Release and Payment to your Head Coach
or send directly to: L.I. LAX Camps at the address below:

CHECK PAYABLE TO:

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

