

# L.I. LAX CAMPS – TEAM CAMP

70 South Park Avenue - Suite 216 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. 2008 \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size Adult \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Short Size Adult \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

### **CHECK BELOW**

\$350.00 Non-Refundable Deposit for one session

\_\_\_\_\_ Session: July 7–11, Boys: 9am – 1pm

\_\_\_\_\_ Session: July 7–11, Girls: 2pm – 6pm

Location: Roswell High School (both boys and girls)

### **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.

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

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Please list any allergies.

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**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., Roswell 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 Roswell 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.**  
70 South Park Ave. Suite 216  
Rockville Centre, New York 11570-6129

