

# L.I. LAX CAMPS

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. 2007 \_\_\_\_\_

School \_\_\_\_\_

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

### CHECK BELOW

\$150.00 Non-Refundable Deposit for one session

June 15<sup>th</sup>, 2007 \_\_\_\_\_ August 1<sup>st</sup>, 2007 \_\_\_\_\_  
(\$125 Due at Check-In) (\$150 Due at Check-In)

Session: August 7-11, 5:00pm-8:00pm

Team Discount: Save \$25 (4 or more players from the same team submitted together)  
Early Deposit discount: Save \$25 (if submitted by June 15)

### PLEASE DETACH INFORMATION BELOW FOR YOUR RECORDS

**A NON-REFUNDABLE DEPOSIT OF \$150 IS DUE BY AUGUST 1<sup>ST</sup>, 2007.**

**TOTAL COST FOR CAMP: \$300.00**

**PAY YOUR DEPOSIT BY JUNE 15<sup>TH</sup> AND RECEIVE A \$25 DISCOUNT**

**DINNER 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., the Incorporated Village of Rockville Centre, the Rockville Centre Union Free School District 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.

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