

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

June 15th, 2009 _____ August 1st, 2009 _____
(\$125 Due at Check-In) (\$150 Due at Check-In)

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

PLEASE DETACH INFORMATION BELOW FOR YOUR RECORDS

A NON-REFUNDABLE DEPOSIT OF \$150 IS DUE BY AUGUST 1ST, 2009.

TOTAL COST FOR CAMP: \$300.00

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.

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 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: