TOTAL LACROSSE CAMP REGISTRATION AND HEALTH FORM

Name of athlete		Age of athlete	
Address			
(Street address)	(City)	(Zip code)	
Home Telephone	Cell Phone		
Mother's Work Telephone	_ Father's Work Tele	phone	
E-mail Address			
Emergency Contact Person and Relationship			
Emergency Contact Telephone			
Is the athlete covered by family medical/hospital insurance?(Please circle) Yes No			
If so, indicate the carrier or plan name		Policy #	
Name of insured			
If the athlete should be restricted from any activities (rur	ning, contact drills, et	tc.), please	
note:			
If the athlete will be taking medication during camp, plea	se indicate the condit	ion, the name of drug and	
dosage:			
Please indicate any medical conditions (asthma, glasses,	allergies, etc.) or histo	ry which would require special	
attention:			
Please indicate any other information that our staff may	need to know about y	our child to help make our camp	
experience more enjoyable:			
I give my permission for my child to receive routine medi and hospitalization if necessary. I understand that every emergency contact, before taking any action. I hereby w management from any liability for any injury or illness in LACROSSE IS A CONTACT SPORT, THERE IS A RISK OF INJ AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK	attempt will be made aive and release the T curred while at camp. URY TO MY CHILD AS	to contact me, or the named otal Lacrosse Camp staff and I UNDERSTAND, BEING THAT A RESULT OF CAMP ACTIVITIES	

medical attention needed during camp.

Parent's signature

Date

Registration Information

Athlete's status (Check one)

 Beginner – never played any organized lacrosse before 	0	Beginner – never	played	any organized	lacrosse before
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• Intermediate – participated in camp/clinic

Where/when

Advanced – participated in clinics/teams
 Where/when

T-shirt Size (circle one)

Youth	large	Adult small	Adult medium	Adult large	Adult X-large
Equipment Loa	EQUIM	• •	EE OF CHARGE, I	BASED ON AVAILA	NEED THEIR OWN STICK. BILITY. LOST OR DAMAGED
Boys:	Helmet	Should	er Pads	Gloves	Arm Guards
Girls:	Goggle	S			

My child will be enrolled in the following session(s): (Check below)

0	Session I – June 27,28, July 1,2	Thursday, Friday, Monday, Tuesday
0	Session II – July 3,5, 8,9	Wednesday, Friday, Monday, Tuesday

All camp sessions begin at 9:00 am and end at 3:00 pm at Clarkstown North High School. The cost for each session is \$240.00. Checks can be made payable to **Total Lacrosse Camp.** (There will also be a daily rate of \$60 per day due to the unique schedule this season!)

Multiple Session Discount: If your child is enrolled in more than one session, you will receive a \$30.00 discount (total cost \$450.00) off the second session.

Family Discount: Siblings from the same family will receive a \$15.00 discount off each enrollment.

Registration should be mailed to:	Mr. John Fitzgerald
	Total Lacrosse Camp
	67 Monarch Way
	Kinnelon, NJ 07405

All registrations should be received as soon as possible. Thank you for your interest in Total Lacrosse Camp!