TOTAL LACROSSE ELITE 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 Tel	Father's Work Telephone	
E-mail Address			
Emergency Contact Person and Relations	ship		
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 a	ny activities (running, contact drills,	etc.), please	
note:			
If the athlete will be taking medication d	uring camp, please indicate the cond	ition, the nam	e of drug and
dosage:			
Please indicate any medical conditions (a	asthma, glasses, allergies, etc.) or hist	ory which wo	uld require special
attention:			
Please indicate any other information the	at our staff may need to know about	your child to l	nelp make our camp
experience more enjoyable:			
I give my permission for my child to rece and hospitalization if necessary. I undersemergency contact, before taking any ac management from any liability for any in LACROSSE IS A CONTACT SPORT, THERE AND KNOWINGLY AND VOLUNTARILY A medical attention needed during camp.	stand that every attempt will be mad tion. I hereby waive and release the ijury or illness incurred while at camp IS A RISK OF INJURY TO MY CHILD A	e to contact m Total Lacrosse I UNDERSTA S A RESULT O	ne, or the named c Camp staff and AND, BEING THAT F CAMP ACTIVITIES
Parent's signature	 Date		

Registration Information

Athlete's status (Check one)

Beginner – never played any organized lacrosse before

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 Loan (circle equipment needed to borrow) EACH ATHLETE WILL NEED THEIR OWN STICK.

EQUIMENT IS LOANED, FREE OF CHARGE, BASED ON AVAILABILITY. LOST OR DAMAGED EQUIPMENT WILL BE REPLACED BY ATHLETE.

Boys: Helmet Shoulder Pads Gloves Arm Guards

Girls: Goggles

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

Session I – June 27, 28, July 1, 2
 Thursday, Friday, Monday, Tuesday

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, Monday through Thursday, at Clarkstown North High School. Fridays are reserved as rain dates. The cost for each session is \$240.00. Checks can be made payable to **Total Lacrosse Camp.**

Because of the extremely unique schedule this season, additional camp days can be added to registrations at a rate of \$60 per day per camper.

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!