

2009 Lacrosse Zone Summer Camp Registration Form

Check all that apply:

____ 2009 Summer Lacrosse Camp – Boys ages 8 – 14 June 15 – 18

____ 2009 Summer Sports Camp – Boys and Girls ages 6 – 12 June 22 - 25

Player's Name: _____

Player's Age: _____ Grade: _____ Date of Birth: _____ / _____ / _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: (_____) _____ Work/Cell: (_____) _____

E-Mail Address: _____ (we communicate via email)

Emergency Contact: _____ Phone: (_____) _____

US Lacrosse Membership Number: _____

** For insurance purposes, players must become US Lacrosse members in order to participate. There is a \$25 fee to become a Youth Player member. Sign up at www.uslacrosse.org.

Waiver and Release:

I/We verify that my child is physically fit to play the contact sport of lacrosse for good and valuable consideration, receipt of which is acknowledged. I/We understand that my child must bring and wear proper equipment during play. I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Lacrosse Zone, its staff, officers, agents, representatives, employees and successors of the county of Washoe, its officers, employees, volunteers and any additional game venue that we may use during clinic play including their officers, agents and employees, from any and all rights and claims for damages, resulting from injury or property loss/damage which may be sustained or occur during participation in camp activities whether said damages, injury or loss are due to negligence. I/We, being the legal guardians of the applicant, authorize The Lacrosse Zone and its agents permission to request medical treatment as necessary to insure the well being of our dependent and agree not to hold any person, company or entities of The Lacrosse Zone liable for those treatments.

Parent/Guardian Signature: _____ Date: ____/____/____

Registration Fee: \$160.00 check made payable to **The Lacrosse Zone**.

Mail to: Bill Hogan 2747 Shadow Dancer Trail, Reno, NV 89511

Call Bill Hogan at 762-7073 with any questions.