



Registration Form

Name: (Last) _____ (First) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone: _____ E-mail: _____

Age (as of August 2009): _____ Grade: _____ School: _____

Health/Medications/Allergies: _____

US Lacrosse Member #: _____ Position: _____ Experience: (circle one) Beginner/Intermediate/Advanced

Reversible Size: (circle one) Youth / S / M / L / XL

Parent/Guardian: (Name) _____ (Phone #) _____ (Email) _____

Parent/Guardian: (Name) _____ (Phone #) _____ (Email) _____

Other Emergency Contact: (Name) _____ (Relationship) _____ (Phone) _____

Method of Payment: (circle one) Check (payable to Maximum Lacrosse Camps) Visa/Mastercard Discover AMEX

Please charge \$ _____ to my credit card CC# _____ Exp. Date: _____

MAXIMUM LACROSSE CAMPS insurance coverage is provided through US Lacrosse/Bollinger Insurance Solutions. I understand and accept that the risk of injury is possible while playing or practicing the sport of lacrosse. I authorize the directors to act for me accordingly to their best judgment in an emergency requiring medical attention. Anyone associated with MAXIMUM LACROSSE CAMPS will not assure campers medical or dental expenses incurred as a result of participation in this program. I acknowledge MAXIMUM LACROSSE CAMPS is not responsible for lost or stolen property or money. I also give the camp permission to use, at their discretion, any camp photos or video taken at the camp in conjunction with future publication.

Signature of Parent/Guardian: _____ Date: _____

MAIL TO: Maximum Lacrosse Camps, PO BOX 493, Hewlett, NY 11557

Inquiries: maximumlacrosseamps@gmail.com Website: www.maximumlacrosseamps.com