



The Lacrosse Academy
209 East Elm Street
Granville, OH 43023
(740) 587-1213

Camp Registration Application

Mail completed registration application to The Lacrosse Academy at the address listed above. Remember, your deposit, or full payment, must accompany this application to hold your place. While each participating camper must submit a completed Medical Form and Waiver prior to participation DO NOT hold up sending your registration application and deposit check while waiting to complete your Medical Form and Waiver - those can be mailed later.

Please tell us how you first heard of The Lacrosse Academy			
<input type="checkbox"/> Picked up a flyer	Told by a:	<input type="checkbox"/> Coach <input type="checkbox"/> Parent	<input type="checkbox"/> Searching online
Check Session Attending			
Virginia Boys: June 27 -30	Virginia Girls: June 23 -26	Denison 1: July 7 -10	Denison 2: July 11 - 14
<input type="checkbox"/> Overnight Camper \$500	<input type="checkbox"/> Overnight Camper \$500	<input type="checkbox"/> Overnight Camper \$500	<input type="checkbox"/> Overnight Camper \$500
<input type="checkbox"/> Day Camper \$425	<input type="checkbox"/> Day Camper \$425	<input type="checkbox"/> Day Camper \$425	<input type="checkbox"/> Day Camper \$425

<i>Please Print:</i>		
Camper's Name (Last, First):		DOB:
Address:		Grade Level Completed as of June 1, 2010:
City:	State:	Zip:
Preferred Phone: ()	2nd Phone: ()	
Email:	3 rd Phone: ()	
School Attending (Full Name):		
Indicate desired position you want to play at camp. (Check Only One)		
<input type="checkbox"/> Attack	<input type="checkbox"/> Midfield	<input type="checkbox"/> Defense <input type="checkbox"/> Goalie
Player Experience: <input type="checkbox"/> New <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5+ yrs		
Request for roommate: <i>(All rooms double occupancy)</i>	T-Shirts (circle one size, adult sizes)	M L XL
	Shorts (circle one size, adult sizes)	M L XL
Enclosed is my		
<input type="checkbox"/> Non-Refundable deposit of \$200 (required) <input type="checkbox"/> Full payment (\$500 Overnight / \$425 Day)		

Make checks payable to: The Lacrosse Academy. Balance due one month before camp. Enrollment is limited: first-come, first-enrolled! *Mail to: The Lacrosse Academy*, 209 East Elm Street, Granville, OH 43023 *Overnight Delivery:* Sign the area to authorize leaving package if no one is home.



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Medical Waiver Form

IMPORTANT: This form must be received prior to your participation in camp. Save a copy of this form once completed and signed by your physician. if it gets lost, or held up by mail, having a copy available will save you time and effort. Mail to the address listed above or submit on your arrival date. DO NOT hold up sending your registration application and deposit check while waiting to complete this Medical Form - this form can be mailed later.

Camper's Name: Date of Birth: / / mm/dd/yyyy

Camp Attending
Virginia Boys: June 27 -30
Virginia Girls: June 23 -26
Denison Boys 1: July 7 -10
Denison Boys 2: July 11 - 14

MEDICAL INSURANCE CARRIER

Name: Policy #:

MEDICAL HISTORY

Please list all known allergies:

Please list medications to be taken at camp:

List any medical conditions, past injuries and limitations that our staff should be aware of:

FOR CAMPER'S PHYSICIAN

I certify that (Name of camper) was examined by me on (date, must be within past 12 months of listed camp session.) and is physically fit to actively participate in all lacrosse camp activities.

Phone number: Physician's Signature Date

Physician's Notes:

PARENT OR GUARDIAN SIGNATURE

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper named above.

Home Phone: () Parent / Guardian Signature Date

Cell Phone: ()

Work Phone: ()

Emergency contact name & phone, other than parent:

This form will be kept confidential and will be used as supplementary information by the certified trainer at the camp.



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Acknowledgement of Risks; Waiver and Release of Liability

This document must be read, signed and received prior to camper's participation. Submit this completed waiver with your mailed-in application or when you check in at camp.

1) *The participant in any Lacrosse Academy LLC lacrosse event ("Player") must read the statement below before completing and signing this agreement.*

2) *If Player is under the age of 18, or not competent to enter into a contract under any applicable state law, each parent and/or legal guardian ("Parent/Guardian") of Player must read this agreement and consent to it by signing below.*

AGREEMENT: In consideration of Player being permitted by Lacrosse Academy LLC to participate in any lacrosse activity planned, staffed, sponsored or coordinated by the Lacrosse Academy, LLC, whether a camp/clinic/tournament/game/drill or other event, Player, and all Parent/Guardians acknowledge, understand and agree that:

1. **WAIVER & RELEASE OF LIABILITY:** We are fully aware that lacrosse is a fast-moving contact sport, and that players run the field at high speed, check one another with their bodies and their sticks, and throw a hard ball at high speed using the leverage of their sticks. As such, the game requires that players wear protective equipment and that they be alert, healthy and well-conditioned. We appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with Player's participation in any lacrosse event, including all those Lacrosse Academy LLC events in which Player will participate. We agree that we alone are responsible for providing Player with appropriate equipment. We further agree on behalf of ourselves, our heirs, and personal representatives, and those of Player, that Lacrosse Academy, LLC, the host organization, and any sponsor of any Lacrosse Academy, LLC-sanctioned event, along with the coaches, referees, officials, volunteers, employees, agents, members, officers, and directors of any of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of Player's participation in any Lacrosse Academy LLC lacrosse event, or as a result of equipment that may have been provided to Player for these activities. We hereby waive any and all damages, claims, and causes of action we or any of us may have against them and do hereby release, indemnify and hold them harmless.

2. **MEDICAL ATTENTION:** We hereby give our consent to Lacrosse Academy, LLC and the host organization of any Lacrosse Academy, LLC-related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of Player's participation in Lacrosse Academy, LLC events.

3. **READINESS TO COMPETE:** Player will only participate in those Lacrosse Academy, LLC competitions for which Player is physically and psychologically prepared to compete. By signing this Agreement we represent that we know Player to be physically and psychologically prepared to compete, and that we are unaware of any physical or psychological condition that renders or may in the future render Player unfit to participate in a lacrosse event. If we learn of any such condition between the date of signing this agreement and the date of any Lacrosse Academy LLC event in which Player will participate, we agree to withdraw Player from participation.

4. **CODE OF CONDUCT:** I have read and agree to all terms in the US Lacrosse Code of Conduct, especially with regard to Player's responsibilities, and or parent's responsibilities as applicable.

5. If fewer than all of Player's Parent/Guardians endorses this agreement, such Parent/Guardian(s) who do signs hereby warrant and represent that he or she has full authority to execute this agreement for and does thereby bind any and all other Parents/Guardians of Player.

Player Signature

Date

Parent / Guardian Signature

Date

Print Name

Print Name

Parent / Guardian Signature

Date

Print Name