

Medina Girls Lacrosse Camp Player Information

Name (Print) _____ Age _____ Grade Entered this Fall _____

Address _____ City _____ State & Zip _____

Player's Email _____ Parent's Email (1) _____

Parent's Email (2) _____

Home Phone _____ School Attending in Fall 2018 _____

Position(s) _____ # Years of Playing Lacrosse _____

Emergency Contact Information for Camp

Mother's Name _____ Daytime Phone _____

Cell Phone _____

Father's Name _____ Daytime Phone _____

Cell Phone _____

Name of relative, friend, or childcare provider to be notified if unable to reach parent:

Name _____ Relationship _____

Address _____ Daytime Phone _____

Cell Phone _____

I, _____ the parent of _____, a voluntary participant in this program sponsored by Medina Lacrosse, am aware that there are certain risks of injury involved. Bearing this in mind, and with full knowledge of physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless Medina Lacrosse, Medina City School Board of Education and its employees and representatives against any claim for injury to persons or property, which may result from my child's participation in this activity. Finally, I agree my child shall abide by the rules and supervision of Medina Lacrosse.

Parent or Guardian Signature _____ Date _____

Please mail this Camp Registration form and fee to (or bring it the first day of camp):

**Medina Athletic Department
Attn: Girls Lacrosse
777 E. Union St.
Medina, OH 44256**