

TSUNAMI LACROSSE

2010 GIRLS LACROSSE SUMMER CAMP

GIRLS Grades 1-9

Location: Albertus Magnus High School

Dates: August 16-20

Time: 6:00-8:00 pm

Fee: \$190.00

- Instruction by local area high school coaches
- For all levels
- Reversible jersey included

Tsunami Lacrosse is fully insured

Fill out bottom portion and return with payment payable to

Tsunami Lacrosse

49 Mountainview Ave

Pearl River, NY 10965

QUESTIONS: CONTACT

LAURIE MAYERNIK Pearl River V Lacrosse Coach (914) 310-9740

MISSI HOLLAND Albertus Magnus V. Lacrosse coach 623-8842 x232

Name _____ DOB _____ Grade _____
Address _____ School _____
Phone _____ * **Email** _____
Emergency Contact: _____ Phone _____

1. **Waiver & Release:** I am fully aware of and appreciate the risks of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that Hotshot Lacrosse Club, the host organization and the sponsor or sponsors with respect to a covered event, together with coaches, officials, volunteers, employees, agents, officers and directors of Hotshot Lacrosse Club and any such sponsors shall not be held liable for any injury, loss of life or other loss or damages as a result of my child's participation in a covered event.
2. **Medical Attention:** I hereby give my consent to Hotshot Lacrosse Club to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my child's participation in covered events.
3. **Readiness to Compete:** My child will only participate in those covered events in which I believe they are physically and psychologically prepared to compete.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

CHK # _____

DATE RECD _____

AMT _____