

Summer Lacrosse Camp Application Form

Participant's Information:

PLAYER'S NAME: _____
DATE of BIRTH: _____
YEARS OF EXPERIENCE: _____
NAME OF SCHOOL (in Fall): _____
GRADE (upcoming Fall): _____
AGE: _____

Parent/Guardian Contact Information:

FIRST NAME(s): _____ LAST NAME: _____
STREET ADDRESS: _____
TOWN: _____ ZIP CODE: _____
HOME PHONE NUMBER: (_____) _____
OFFICE PHONE: (_____) _____ CELL PHONE: (_____) _____
EMAIL: _____

Medical Emergency Information:

NAME: _____ ADDRESS: _____
HOME PHONE: (_____) _____ RELATIONSHIP: _____

Medical Information:

INSURANCE COMPANY : _____ POLICY NUMBER: _____
ALLERGIES: _____
ASTHMATIC? (yes/no): _____

Permission and Emergency Medical Release:

I realize the inherent dangers in participating in a full contact lacrosse program and grant my child (player named above) permission to participate in this program. In the event of accident or injury, I will not hold a coach, team, sponsor or the league (and its representatives) liable or responsible.

I also hereby give my permanent consent to local emergency room staff to treat my child in an emergency situation in the event that I cannot be reached personally.

Parent/Guardian Signature: _____ Date: _____

Sessions
<input type="checkbox"/> Session I (July 13 -17)
<input type="checkbox"/> Session II (July 20 -24)
<input type="checkbox"/> Session III (July 27 -31)

Mail completed form with \$90 payment per session to:

Scott Cruwys
834 S Adams
Hinsdale, IL 60521
Make Check Payable to Scott Cruwys