



## 2019 WARRIORS ELITE SUMMER LACROSSE CAMPS REGISTRATION FORM

[www.warriorselitelax.com](http://www.warriorselitelax.com)

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|---|--|
| <input type="checkbox"/> <b>K-3 Camp for beginners</b><br><b>Boys &amp; Girls \$165</b> Brother Rice High School  | Jun 10, 12, 17, 19, 24, 26 (M, W)<br>4:30pm - 5:30pm |
| <input type="checkbox"/> <b>Young Gunz Shooting Clinic for Offensive Players 3rd - 9th</b><br><b>Boys \$245</b> Brother Rice High School                          | Jun 11, 18, 25, Jul 9, 16, 23 (T)<br>6:00pm - 7:30pm |
| <input type="checkbox"/> <b>Warriors Skills Camp 2nd - 9th</b><br><b>Boys \$235</b> Brother Rice High School  | Jun 24, 25, 26 (M, T, W)<br>8:30am - 12:00pm         |
| <input type="checkbox"/> <b>Brumby Skills Camp 2nd - 9th</b><br><b>Girls \$235</b> Brother Rice High School   | Jun 24, 25, 26 (M, T, W)<br>9:00am - 12:00pm         |
| <input type="checkbox"/> <b>Traverse City Warriors Youth Camp 2nd - 9th</b> (Incoming Freshman)<br><b>Boys \$225</b> YMCA, 3700 Silver Lake Rd, Traverse City, MI | Jul 10, 11, 12 (W, Th, F)<br>9:00am - 12:30pm        |

PLAYER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade Completed: \_\_\_\_\_

LAX Team \_\_\_\_\_ Position: \_\_\_\_\_ YEARS PLAYED: \_\_\_\_\_

T-shirt size \_\_\_\_\_ (ADULT S, M, L OR XL) Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_  
\_\_\_\_\_

Parent Cell: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance # \_\_\_\_\_

Physician: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Contact #2 \_\_\_\_\_

**WAIVER AND RELEASE:**

I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the sport of lacrosse. I agree on behalf of the attendee, myself, my heirs, and personal representatives, to release and agree to indemnify and hold harmless The Sports Garage, Warriors Lacrosse, their staff, officers, agents, representatives, employees, and volunteers from any damages, costs, or liability for any injury, illness or otherwise related to attendee's participation in this event. Players will look only to their insurance company for coverage. I understand MI Warriors Lacrosse retains the right to use for publicity and advertising purposes photographs of campers taken at camp. **Code of Conduct:** Participants are expected to show respect to other participants and the host facility.

**NOTE:** Both Player and Parent's signature is required.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAIL COMPLETED REGISTRATION AND CHECK BY 1/22/2017 TO: Warriors Elite Lacrosse, 7140 Old Mill Road, Bloomfield, MI 48301**

**REFUND POLICY**

**If an accepted registration is withdrawn for any reason up until 8 days prior to the start of the camp, you will receive a refund less a \$30 cancellation fee. No refund will be issued within one week of a clinic session's start date.**