



# 2021 WARRIORS ELITE WINTER LACROSSE CAMPS REGISTRATION FORM

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

### 2021 Jan/Feb Skills Clinic \$235

Jan 17, 24, 31, Feb 7, 28 (Sun)

- Boys Grades 2nd - 5th
- Boys Grades 6th - 9th

2pm - 3:30pm  
3:30pm - 5pm

The Sports Club (6343 Farmington Rd, West Bloomfield, MI. Just North off Maple Rd)

### 2021 Brumby Jan/Feb Skills Clinic \$175

Jan 10, 24, 31, Feb 7, 28 (Sun)

- Girls Grades 2nd - 8th

5pm - 6pm

The Sports Club (6343 Farmington Rd, West Bloomfield, MI. Just North off Maple Rd)

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 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If an accepted registration is withdrawn for any reason up until 8 days prior to the start of the camp, you will receive a refund less a \$30 cancellation fee.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.