



2022 WARRIORS ELITE NOV/DEC SKILLS CLINICS REGISTRATION FORM

www.warriorsselitelax.com

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|---|---------------------------------|
| Nov/Dec Skills Clinic \$235 (Register by Nov. 1, 2021) | Nov 13, 20, Dec 4, 11, 18 (Sun) |
| <input type="checkbox"/> Boys Grades 2nd - 5th | 1pm - 2:30pm |
| <input type="checkbox"/> Boys Grades 6th - 9th | 2:30pm - 4pm |
| The Sports Club - new field turf (6343 Farmington Rd, West Bloomfield, MI. Just North off Maple Rd) | |
| | |
| Brumby Nov/Dec Skills Clinic \$175 (Register by Nov. 1, 2021) | Nov 13, 20, Dec 4, 11, 18 (Sun) |
| <input type="checkbox"/> Girls Grades 3rd - 9th (<i>incoming freshman</i>) | 4pm - 5pm |
| The Sports Club - new field turf (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If an accepted registration is withdrawn for any reason up until 8 days prior to the start of the camp, you will receive a refund less a \$30 cancellation fee.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.