



2024 WARRIORS ELITE WINTER LACROSSE CAMPS REGISTRATION FORM

www.warriorselitelax.com

2024 Jan/Feb Skills Clinic \$235

Jan 14, 21, 28, Feb 4, 11 (Sun)

Boys Grades 2nd - 5th

1:00pm - 2:30pm

Boys Grades 6th - 9th

2:30pm - 4:00pm

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

2024 Winter 7v7 Box Games \$185

Jan 20, 27, Feb 3, 10, Mar 2, 9 (Sat)

U10 Boys Grades 3rd - 4th

12:30pm

U12 Boys Grades 5th - 6th

1:30pm

U14 Boys Grades 7th - 8th

2:30pm

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

2024 Brumby Jan/Feb Skills Clinic \$175

Jan 14, 21, 28, Feb 4, 11 (Sun)

Girls Grades 3rd - 8th

4:00pm - 5:00pm

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If an accepted registration is withdrawn for any reason up until 8 days prior to the start of the camp, you will receive a refund less a \$30 cancellation fee.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