2025-2026 WARRIORS ELITE WINTER SKILLS CLINICS REGISTRATION FORM

www.warriorselitelax.com

Brumby Jan - Feb Skills Clinic $255 — Jan 18, 25, Feb 1, 8, 22 (Sun)

☐ **Girls Grades 2nd - 9th** — 4:00pm - 5:30pm

Bloomfield Hills, MI South Turf Field House

Misc: Protective eyewear/ Lax goggles, mouthguard and stick

Jan - Feb Skills Clinic $255 — Jan 18, 25, Feb 1, 8, 22 (Sun)

☐ **Boys Grades 1st - 5th** — 1:00pm - 2:30pm

☐ **Boys Grades 6th - 9th (incoming freshman)** — 2:30pm - 4:00pm

Bloomfield Hills, MI South Turf Field House

Full Equipment

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If an accepted registration is withdrawn for any reason up until 8 days prior to the start of the camp, you will receive a refund less a $30 cancellation fee.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