



# 2025 WARRIORS ELITE WINTER SKILLS CLINICS REGISTRATION FORM

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

### Jan/Feb Skills Clinic \$235

Jan 26, Feb 2, 9, 23, Mar 2 (Sun)

Boys Grades 2nd - 5th

1:30pm - 2:30pm

Boys Grades 6th - 9th (incoming freshman)

2:30pm - 4:00pm

COC Bloomfield, MI  
Full Equipment

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

Jan 26, Feb 2, 9, 23, Mar 2 (Sun)

Girls Grades 2nd - 8th

4:15pm - 5:45pm

COC Bloomfield, MI  
Full equipment

### Winter 7v7 Box Games \$175

Jan 18, 25, Feb 1, 8, Mar 1, 8 (Sat)

U10 Boys Games

1:30pm

U12 Boys Games

2:30pm

U14 Boys Games

3:30pm

COC Bloomfield, MI

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If an accepted registration is withdrawn for any reason up until 8 days prior to the start of the camp, you will receive a refund less a \$30 cancellation fee.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