□ Boys Grades 1st - 5th         1:00pm - 2:30pm           □ Boys Grades 6th - 9th (incoming freshman)         2:30pm - 4:00pm           Bloomfield Hills, Turf Fieldhouse         Full Equipment           Brumby Nov/Dec Skills Clinic \$205         Nov 16, 23, Dec 7, 14, 21 (Sun)           □ Girls Grades 2nd - 8th         4:00pm - 5:30pm           Bloomfield Hills, Turf Fieldhouse         Lacrosse Goggles & Mouthguard    PLAYER NAME  ADDRESS:  Email:  Phone:  School:  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 Phone  Contact #2	Nov/Dec Skills Clinic \$255		Nov 16, 23, Dec 7, 14, 21 (Sun)
Bloomfield Hills, Turf Fieldhouse Full Equipment  Brumby Nov/Dec Skills Clinic \$205  Girls Grades 2nd - 8th  Bloomfield Hills, Turf Fieldhouse Lacrosse Goggles & Mouthguard  PLAYER NAME	☐ Boys Grades 1st - 5th		1:00pm - 2:30pm
Brumby Nov/Dec Skills Clinic \$205 Nov 16, 23, Dec 7, 14, 21 (Sun)   Girls Grades 2nd - 8th 4:00pm - 5:30pm   Bloomfield Hills, Turf Fieldhouse Lacrosse Goggles & Mouthguard DATE OF BIRTH			2:30pm - 4:00pm
Brumby Nov/Dec Skills Clinic \$205  Girls Grades 2nd - 8th  Bloomfield Hills, Turf Fieldhouse Lacrosse Goggles & Mouthguard  PLAYER NAME			
Girls Grades 2nd - 8th  Bloomfield Hills, Turf Fieldhouse Lacrosse Goggles & Mouthguard  PLAYER NAME	Full Equipment		
Girls Grades 2nd - 8th  Bloomfield Hills, Turf Fieldhouse Lacrosse Goggles & Mouthguard  PLAYER NAME			
Bloomfield Hills, Turf Fieldhouse Lacrosse Goggles & Mouthguard  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:			Nov 16, 23, Dec 7, 14, 21 (Sun)
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:			4:00pm - 5:30pm
PLAYER NAME         DATE OF BIRTH           ADDRESS:	,		
ADDRESS: Phone: Phone: Current Grade Completed: LAX Team Position: YEARS PLAYED: T-shirt size (ADULT S, M, L OR XL) Allergies: Medical Condition: Insurance Carrier: Insurance # Physician: Emergency Contact: Emergency Contact:	Lacrosse Goggles & Moutnguard		
ADDRESS: Phone: Phone: Current Grade Completed: LAX Team Position: YEARS PLAYED: T-shirt size (ADULT S, M, L OR XL) Allergies: Medical Condition: Insurance Carrier: Insurance # Physician: Emergency Contact: Emergency Contact:			
ADDRESS: Phone: Phone: Current Grade Completed: LAX Team Position: YEARS PLAYED: T-shirt size (ADULT S, M, L OR XL) Allergies: Medical Condition: Insurance Carrier: Insurance # Physician: Emergency Contact: Emergency Contact: Emergency Contact: Physician: Emergency Contact:			
ADDRESS: Phone: Phone: Current Grade Completed: LAX Team Position: YEARS PLAYED: T-shirt size (ADULT S, M, L OR XL) Allergies: Medical Condition: Insurance Carrier: Insurance # Physician: Emergency Contact: Emergency Contact: Emergency Contact: Physician: Emergency Contact:			
ADDRESS: Phone: Phone: Current Grade Completed: LAX Team Position: YEARS PLAYED: T-shirt size (ADULT S, M, L OR XL) Allergies: Medical Condition: Insurance Carrier: Insurance # Physician: Emergency Contact: Emergency Contact: Emergency Contact: Physician: Emergency Contact:			
ADDRESS: Phone: Phone: Current Grade Completed: LAX Team Position: YEARS PLAYED: T-shirt size (ADULT S, M, L OR XL) Allergies: Medical Condition: Insurance Carrier: Insurance # Physician: Emergency Contact: Emergency Contact:			
Email:	PLAYER NAME	DA <sup>·</sup>	TE OF BIRTH
Email:	ADDRESS		
Email:			
School:			
LAX Team			
T-shirt size (ADULT S, M, L OR XL)			
Medical Condition:           Parent Cell:			
Parent Cell:		, morgios	
Insurance Carrier:			
Physician: Emergency Contact:	Parent Cell:		
	Insurance Carrier:	Insurance #	
Emergency Contact Phone Contact #2	Physician:	Emergency Contact:	
<u> </u>	Emergency Contact Phone	Contact #2	
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 associate	and hold harmless The Sports Garage, Warriors Lacrosse, their staff, o	fficers, agents, representatives, emplo	yees, and volunteers from any damages, costs,
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 associate 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, and hold harmless The Sports Garage.			
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 associate 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, 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			, , , , , , , , , , , , , , , , , , ,
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 associate 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, i iability 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.		
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 associate 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, iability 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.			
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 associate 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, 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		
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 associate 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, 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			_
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 associate 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, readily 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.