



2009 CRIMSON LACROSSE SUMMER CAMP REGISTRATION

Please Complete the application form and return with a Non Refundable Deposit of \$150. This deposit is necessary to cover field and housing costs. Send to:

Crimson Lacrosse
P.O. Box 381031
Cambridge, MA 02238

Make check payable to “CRIMSON LACROSSE”. Please include camper’s name on check.

Player Information

Name: _____

Address: _____

City/St/Zip: _____

Home Phone: _____

Email: _____

Grade (Fall 09): _____ School: _____

Years Exp: _____ Position: _____

Team: _____ Coach: _____

Coach’s Email: _____

Roommate Request: - _____

In consideration of participating in the 2009 Summer Camp, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Crimson Lacrosse and the 2009 Summer Camp, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection the player’s participation in the 2009 Summer Camp.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Signature _____ Date _____

I/we being the legal guardians of the applicant authorize the staff of Crimson Lacrosse and 2009 Summer Camp and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any physical limitations and/or required medical attention that is necessary for my son.

Signature _____ Date _____

Health Insurance Co. _____

Health Insurance Policy #. _____