



# Lax Camp

## 2017 REGISTRATION FORM

### Camper Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
(as of 9/1/17)

### Camp Payment

Please make checks payable to: **Susan Nye**. Mail the completed form with your \$100 fee to the address below. Camp will be at Brewbaker Field on June 5-8 (rain date June 9) from 9:00-12:00. If you have questions, contact Susan cell (460-1007) or email (activityfirst@gmail.com).

Susan Nye  
861 Union Run  
Lexington, VA 24450

**\*\*Mouth Guard Required to Participate**

Equipment: Stick Goggles (circle if needed)

### Parental Consent Form

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergic Reaction to drugs, food, asthma No \_\_\_ Yes \_\_\_  
If yes, please explain: \_\_\_\_\_

Taking any medications at this time? No \_\_\_ Yes \_\_\_  
If Yes, please explain: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Insurance Information

Name of Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### ActivityFirst Release Statement

I / We, the undersigned hereby certify that I (We) am (are) the parent or legal guardian of the camper. I hereby give my permission for the staff of the camp, during the period of the camp, to seek appropriate medical attention for the camper, for medical attention to be given, and for the camper to receive medical attention in the event of an accident, injury or illness. I / We will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. I / We understand, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in lacrosse and camp activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 2017



Office Use ONLY:

Signed form: \_\_\_\_\_ Camp fee: \_\_\_\_\_ Camp Equipment: Stick / Goggles / NA