

MAIL-IN APPLICATION

COST: \$200

(\$175 if received by June 1, 2012)

Mail this Form with your \$175 Deposit To: PO Box 575 Wading River, NY 11792
(\$ 0 Balance if deposit is received by June 1st ~ **Full Tuition of \$200 - due after June 1st**)

Directions for printing this form: Go to FILE at the top menu bar on this page then PRINT.

Session 3 – Attack

First Name: _____

Last Name: _____

Address: _____

City: _____

Zip: _____ Phone: () _____

Campers Grade (As of this Fall 2012) _____

Please enter your complete E-Mail Address:

**All Contact from the Lax Position Camp
will be by E-Mail**

_____ @ _____ . _____

Make Checks Payable To:
Lax Position Camp

We limit each session to 20 players per
position & 6 goalies.

If paying by check, please mail your
\$175 (Non-Refundable after June 1st)
deposit with this application ASAP!

The FULL TUITION of \$200 is due
after June 1st.

\$200 per Camper

Insurance:

Your insurance company: _____

Your Ins. Policy #: _____

All participants require coverage for
accidental injury.

In most instances, family insurance is adequate.

I, _____, being legal
guardian(s) of _____ (the
applicant), authorize THE LACROSSE
POSITION CAMP and its agents, permission to
request medical treatment as necessary to insure
the well being of our dependant.

I, _____, the
undersigned, for ourselves, our heirs, executives,
and administrators, waive and release and
forever discharge Shoreham-Wading River
School District, The Shoreham – Wading River
School District, and THE LACROSSE
POSITION CAMP, its staff, officers, agents,
representatives, employees, successors, and
assigns of and from any and all rights and claims
for damages to person or property which may be
sustained or occur during participation in camp
activities, or from camp, whether paid damages,
injury, or loss are due to negligence or not.

I certify that the applicant is in good physical
condition, allowing him to participate in the 2012
THE LACROSSE POSITION CAMP.

Signature X: _____

DATE: _____ / _____ / 2012