

# 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 1<sup>st</sup> ~ **Full Tuition of \$200 - due after June 1<sup>st</sup>**)

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

### **Session 3 – Goalie**

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 1<sup>st</sup>)  
deposit with this application ASAP!

The FULL TUITION of \$200 is due  
after June 1<sup>st</sup>.

## **\$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