

2010 SLUH JESUIT LACROSSE YOUTH CAMP REGISTRATION FORM

JUNE 14- JUNE 17, 2010 8:00am-12:00pm Brentwood Park

Name _____ Parents Names _____

Address _____ Email _____

City _____ Zip _____ Home Phone(____) _____

Age (while in camp) _____ Date of Birth ____/____/____ Cell Phone(____) _____

Grade entering Fall '10 _____ School attending in Fall '10 _____

Mail to: SLUH Jesuit Lacrosse Camp
6113 Clovergreen Place
St. Louis, MO 63129

Cost: Grades 2nd-4th \$135 (add \$25 after May 30)
Grades 5th-9th \$195

Amount enclosed \$ _____



Make checks payable to: SLUH Lacrosse Club

WAIVER AND RELEASE

*please read before signing

In consideration of being allowed to participate in any way in the Jesuit Lacrosse Camp related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others, and assume full responsibility for my participation, and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. I, for myself and on behalf of my heirs, assigns, and personal relatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS JESUIT LACROSSE CAMP, their officers, agents, and/or employees, volunteers, other participants sponsoring agencies, sponsors, advertisers, and ,if applicable, owners and lessors of premises used to conduct the event. (Releases) WITH RESPECT TO ANY AND ALL INJURY, DISSABILITY, DEATH, or loss or damage to persons or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. I HAVE READ THIS RELEASE OR LIABILITY AND ASSUMPTION OR RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Applicant's Signature (parent or guardian signature if under age 18): _____

MEDICAL FORM

Allergies _____ Current Medication _____

Date of last Tetanus shot _____ Special Problems _____

Physical Limitations _____

Significant past illness or injury _____

Camper's insurance carrier and policy number _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the camper named above:

I certify that, _____ is physically fit to actively participate in all lacrosse activities.
(camper's name)

SIGNED _____ Date _____

(signature of parent/legal guardian and address if different than camper's)