

Groovy Girls Lacrosse Camp 2011 Registration

Name:	Age:
Address:	School:
City/State/Zip:	Grade in Fall:
Parents' Names:	Lacrosse Experience:
Day Phone:	Email:
Evening Phone:	Cell Phone:
Youth shirt size:	

Full tuition (\$189.00) is due with registration/waiver, health form, and concussion information form by June 1st.

Please make checks payable and send forms to:

Kendall Wills
9715 Lake Shore Blvd NE
Seattle, WA 98115

How did you hear about us? _____

Questions: kendallwills@comcast.net or (206) 528-5566



Waiver and Release of Liability

I hereby give consent for my child, _____ to participate in the Groovy Girls Lacrosse Camp 2011. I am fully aware and appreciate the risks associated with participation in this lacrosse camp. I further agree that the host organization, camp coordinator, coaches and volunteers shall not be liable for any injury, harm or illness occurring as a result of my child's involvement in the camp.

I understand that in the event of a medical emergency, I will be informed and consulted as soon as possible. I understand that my child may receive first aid and medical attention at the discretion of the staff. I hereby give consent for my child to be transported by emergency medical services to the nearest hospital in the event of an accident.

Parent/Guardian: _____ (please print)

Parent/Guardian Signature: _____ Date: _____