

Registration Form

Instructions: Please Fill Out And Mail To: Ultimate Orange Lacrosse
PO Box 764 Bethel, Ct. 06801

Name: (last)	(first)	
Address		
City:	State:	Zip:
Phone:	Age:	Date Of Birth:
Email (required for confirmation)		
Height:	Weight:	Position: (Circle one) Attack Midfield Defense Goalie
Years Played:()	Shirt Size: (Circle one) S M L XL	

WAIVER RELEASE

My child is in good health and has my full permission to participate in a full lacrosse program. My child has no sickness or illness, disease or bodily injury that is contradictory to participation. I fully understand that lacrosse is a contact sport and that physical injury may occur during the course of practice and games. In the event that I cannot be reached I give my full permission for such medical procedures as may be deemed necessary by an examining physician. I also understand that "Ultimate Orange Lacrosse", LLC is not responsible for the loss of any personal items.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Health Insurance Company: _____

Claim # _____ Are You a member of US Lacrosse? (circle one) Y N

All pictures/videos taken at camp may be used at the discretion of Ultimate Orange Lacrosse

Payment: Camp fees are non-refundable and must be paid in full at the time of registration. All payments are final, unless cancellation is due to a health related emergency. A note from a medical physician is required. Confirmations will be sent via e-mail within one week of the date the application is received.

Payment

Enclosed: \$ _____

Check or money order-made payable to
Ultimate Orange Lacrosse LLC

If yes: ID #

Immaculate H.S.
Danbury Ct.

June 24-27 2013

9:00 am - 2:00 pm

(campers provide their own lunches, snack bar available)

\$295*

Full Equipment Mandatory

*\$45 per camper
discount for all paid
registrations received
prior to May 15