



presents 2010
"Friday Night Under the Lights"

Friday, February 26th
6-9pm

Centennial High School
9310 Scott Road
Roswell, GA 30076

...the ultimate lacrosse clinic experience!



Player Information

First Name _____ Last Name _____

Address _____ City _____

State _____ ZIP _____ Email _____

Home Phone _____ Cell Phone _____

Date of Birth & Age _____ Grade: _____

Parent/Guardian Name _____

Playing Experience (# of years) _____ US Lacrosse # _____

Position(s) Played: A M D G (please circle position)

Parent/Guardian Authorization

I (parent/guardian) _____ to the best of my knowledge confirm this health history information is correct and the person herein described has my permission to engage in all camp/clinic activities, with the exception of any physical limitations as provided. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I hereby waive and release Casey Powell Lacrosse LLC, staff, camp/clinic management and sponsors from any liability for any injury or illness incurred while at camp/clinic. I understand that there is a risk of injury to my child as a result of camp/clinic activities and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp.

➔ Signature: _____ Date: _____

Insurance Carrier _____ Policy # _____

Policy Contact _____

I understand Casey Powell Lacrosse LLC, retains the right to use for publicity and advertising purposes, photographs/ video of players taken at the clinic.

➔ Signature: _____ Date: _____

Payment Information*

All payments are final unless cancellation is due to a health related emergency accompanied by a note from a medical doctor. Camp and clinic fees are non-refundable and full payment is due at time of registration submission.

Amount of enclosed check*: \$ **\$100.00**
* \$20 returned check fee Payable to "Casey Powell Lacrosse LLC"

Pay by Credit Card: (only Mastercard/VISA/AMEX accepted)
Name on Card: _____
Credit Card number: _____ Exp. Date _____
Security Code: _____ Amount of charge: \$ **\$100.00**

➔ Card Holder Signature: _____

Mail or fax completed registration to:

Casey Powell Lacrosse
1515 Route 31
Bridgeport, NY 13030

315-217-0438 fax

or...register online at:
www.CaseyPowellLacrosse.com