

# Registration Form

Send completed registration to:

Casey Powell Lacrosse  
1515 Route 31, Bridgeport, NY 13030  
315-882-6612 phone 315-633-2022 fax  
info@CaseyPowellLacrosse.com



## Player Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth & Age \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Playing Experience (# of years) \_\_\_\_\_ US Lacrosse # \_\_\_\_\_

beginner  elementary school  middle school  junior varsity  varsity

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 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 campers taken at camp.

➔ **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information\*

All camp registrations are due prior to start of camp.  
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\*: \$ \_\_\_\_\_ Payable to "Casey Powell Lacrosse LLC"  
\*\$20 returned check fee

Pay by Credit Card: (only Mastercard/VISA/AMEX accepted)

Name on Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code: \_\_\_\_\_ Amount of charge: \$ \_\_\_\_\_

➔ Card Holder Signature: \_\_\_\_\_

## 2008 DATES Check date(s) that apply:

**June 22-26, 2008**  
**Cheshire Academy**  
**Connecticut**  
 day \$515  
 overnight \$715

**June 29-July 3, 2008**  
**Mercersburg Academy**  
**Pennsylvania**  
 day \$415  
 overnight \$615

**July 21-24, 2008**  
**Fenner Road Fields**  
**Cazenovia, NY**  
 day \$300

**August 3-7, 2008**  
**Cheshire Academy**  
**Connecticut**  
 day \$515  
 overnight \$715