

## SAINTS LACROSSE CAMP REGISTRATION FORM

Circle One:

Overnight Camper

Commuter

Name:	
Address:	
Phone:	
Parents:	
Email:	
Current Team and High School:	
Date of Birth:	Grade:
Position:	Years Playing:
<p>Please enroll the above named child. I understand that neither St. Lawrence University, nor anyone associated with the Saints Lacrosse Camp will assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is in good health and able to participate in the physical activity of a vigorous camp. In the event of injury or illness while at Camp, I hereby consent and authorize the administration of all treatments and tests that may be considered advisable or necessary in the judgment of the accredited trainers, emergency room physician or any other clinical physicians. Application must be complete for all campers.</p>	
<p>Signature of Parent or Guardian: _____ Date: _____</p>	
<p><b>Insurance Release:</b> We (I) the parent(s) of _____ understand that we (I) are responsible for any hospital expense or insurance coverage needed in case of emergency during _____'s participation in the Saints Lacrosse Camp.</p>	
Insurance Company:	Policy #:
Signature:	Date:

Please send the completed form to:  
 Saints Lacrosse Camp  
 Michael Mahoney  
 68 Judson Street  
 Canton, NY 13617