



Alpharetta Raiders Lacrosse Boys Summer Camp

Enrollment Form

Elementary and Middle School Camps

This summer Alpharetta High School Lacrosse will host the 5th annual Raider Summer Youth Boys Lacrosse Camp – open to any student entering their 1st through 5th grades and 6th through 9th year grades during the 2010 – 2011 school year. The camp will consist of a four day instructional session; beginning Monday July 19th held in the afternoons at the Alpharetta High School Turf Field.

Player Name _____
Parents Name _____
Address _____
Home Phone _____ Emergency Phone _____
Age _____ Grade (2010-11) _____ Email _____
Insurance Name and Policy # _____
Parent Signature _____

Check one:

- ☐ Elementary School Lacrosse Camp (1st through 5th grades) - 7/19-22 from 1:00-3:00 PM
☐ Middle School Lacrosse Camp (6th through 9th grades) - 7/19-22 from 3:00-5:00 PM

COST: \$150.00 - Please make checks payable to *Alpharetta Lacrosse* and send completed form and check to:

Alpharetta High School
Attn: Coach Scheifflee
3595 Webb Bridge Road
Alpharetta, GA 30005

North Atlanta Lacrosse Academy Special Offer for future Raiders: Those participating in the Alpharetta High School lacrosse summer camp are eligible to attend the inaugural North Atlanta Lacrosse Academy summer camp at a discounted rate. The summer camp runs from July 26-July 30, also at AHS. Contact Evan Goldberg at evan@northatlantalax.com or at 954-298-4183 to sign up today.

Agreement: By signing the this form I recognize and acknowledge that there are certain risks of injury, damages or loss which may occur in any and all activities connected with or associated with participation in Lacrosse. I agree to waive and relinquish all claims that my son may have as a result of participation in the Raider Lacrosse Camp. I fully release and discharge the Alpharetta coaches from any and all claims resulting from injury, damages and losses sustained by my son. I hereby state that my son is physically fit and may participate in all activities. I also give permission to have my child treated by a physician if necessary.

PARENT SIGNATURE: _____ DATE: _____