

Alpharetta Raiders Lacrosse

Boys Summer Camp Enrollment Form

Elementary and Middle School Camps

This summer Alpharetta High School Lacrosse will host the 9th Annual Raider Summer Boys Lacrosse Camp – open to any student entering 1st through 5th grades or 6th through 9th grades during the 2014– 2015 school year. There will be 1 sessions and will consist of a four-day instructional session, running from 8:00 – 11:00 AM each morning at the Alpharetta High School Turf Field. You must also complete a waiver to be turned in with your registration.

Session : June 9-12, 2014

Space is limited with registration taken on a first come, first serve basis. To in order to secure a space (including a reversible jersey), it is recommended you sign-up no later than ,May 20, 2014.

Player

Name _____

Parent

Name _____

Address _____

Home Phone _____ **Emergency Phone** _____

Age _____ **Grade (2014-15)** _____

Email _____

Insurance Name and Policy # _____

Parent Signature _____ **Date** _____

Elementary Lacrosse Camp (Grades 1-5, STICK/HELMET REQUIRED) - ☐ Session

Middle Lacrosse Camp (Grades 6-9, FULL EQUIPMENT REQUIRED) - ☐ Session

COST: \$175.00 - Camp fee includes practice sessions, instruction and reversible “pinnie” jersey. Please make checks payable to *Alpharetta High School Men’s Lacrosse* and send completed form and check to: *Alpharetta High School Men’s Lacrosse, Attn:Barry Hassett , 1105 Gunter Court, Alpharetta, GA 30022.*

Pinnie Jersey Size (Please check one size): **Boy’s** ☐ Youth Medium/Large; **Men’s**
☐Small/Medium ☐Large/Xlarge

RELEASE OF LIABILITY (please read carefully)

As a participant, or parent / guardian of a participant in an Alpharetta High School (AHS) Men's Lacrosse and/or an Alpharetta Lacrosse Club activity, program, camp, clinic, or team, I recognize and acknowledge that there are certain risks of physical injury associated with the sport of lacrosse. I agree to assume the full risk and liability for any injuries (including death), damage, or loss which I or my minor child may sustain as a result of participating in any and all activities connected-to or associated-with AHS Men's Lacrosse and/or the Alpharetta Lacrosse Club. I agree to waive and relinquish all claims I or my child may have against AHS Men's Lacrosse and the Alpharetta Lacrosse Club, its members, supporters, sponsors, volunteers, Officers, Board of Directors, and Coaches, as well as Alpharetta High School and the Alpharetta High School Booster Club as a result of participating in any and all activities connected-to or associated-with these organizations. I further agree and represent that the participant has been examined by a physician and is physically fit and able to participate in lacrosse activities. I also give permission to have my child treated by a physician if necessary.

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PARENT SIGNATURE: _____

DATE: _____

For more Information, please visit <http://laxteams.net/ahsraiderlax/>