

Alpharetta Raiders Lacrosse Boys Summer Camp

Elementary and Middle School Camps

June 8-9-10, 2015 | 5:00 - 8:00 PM | Alpharetta High School Stadium

This summer Alpharetta High School Lacrosse will host the 10th Annual Raider Summer Boys Lacrosse Camp – open to any student entering 1st through 9th grades (campers do not have to be zoned for AHS to attend). The camp will be taught by the Alpharetta High School Raiders lacrosse coaching staff as well as select Varsity athletes, and will consist of three days of high intensity lacrosse instruction you don't want to miss! Open to ALL levels of experience from beginners to advanced players (campers are divided by age and skill level). Instructional sessions will run from 5:00 – 8:00 PM each day at the Alpharetta High School Stadium Turf Field. Space is limited with registration taken on a first come, first serve basis. To secure a space (including a reversible jersey), it is recommended you **sign-up no later than May 10, 2015**.

Camp fee is \$125 per camper and includes practice sessions, instruction, and reversible "pinnie" jersey. Please complete the registration and waiver information below and mail with check (payable to *Alpharetta Lacrosse Club*) to:

Raider Lacrosse Camp c/o Cathy Finnerty, 731 Eagles Mere Court, Alpharetta, GA 30005

Player Name: Parent Name:

| Address: | | | | |
|--|---|--|--|---|
| Home Phone: Emergency Phone: | | | | |
| Email: | | | | |
| Insurance Co. & Policy | #: | | | |
| Player Age (as of 6/1/15): Grade (2015-16): | | | | |
| Lacrosse Experience: | ☐ Beginner | ☐ Intermediate | ☐ Advanced | |
| Pinnie Jersey Size: | ☐ Boys Youth M/L | ☐ Men's Adult S/M | ☐ Men's Adult L/XL | |
| Alpharetta Jr. Raiders Lacro | ent / guardian of a participan esse (AJRL) activity, prograr | n, camp, clinic, or team, I reco | b (ALC), Alpharetta High School Men's Lacros gnize and acknowledge that there are certain for any injuries (including death), damage, or lo | risks of physical |
| minor child may sustain as a any and all claims I or my Coaches of ALC, AHS, and/ agree and represent that the activities. In the event of e | result of participating in any child may have against and or AJRL as a result of parti- athlete has been examined emergency, I also give perm | and all activities connected-to y and all members, supporters cipating in any and all activities by a physician within the last 1 | or associated-with these events. I agree to wai is, sponsors, volunteers, staff, Officers, Board is connected-to or associated-with these organi I 2 months and is physically fit and able to partic I by a physician if necessary. I have read an | ive and relinquish of Directors, and zations. I further cipate in lacrosse |
| PARENT SIGNATURE | : | | DATE: | |
| | For more Informa | tion, please visit http://lax | teams.net/ahsraiderlax/ | |