



Ware Academy 2006 Evening Lacrosse Camp

When: Mon. August 7 to Thurs. August 10 - 5:00pm-8:00pm

Where: Ware Academy, Gloucester VA

Who: Open to boys entering grades 3-9

Fee: \$165

Featuring

Experienced adult staff

Safe, secure environment

Skill development and improvement

Stick work, foot work, shooting, dodging, and feeding

Position and team concepts, half and full field situations

Limited equipment available for borrow

For More Information

Contact: Chris Petrone - (804) 815-6941 info@warelacrosse.org

Online at <http://warelacrosse.org/warecamp.aspx>

Complete this application and send with \$75 non-refundable deposit!

*No refunds after July 15

*Registration must be received by July 28

Checks made payable to Chris Petrone. Balance due on first day of camp!

Mail to: Chris Petrone P.O. Box 1197 Urbanna, VA 23175
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LIABILITY STATEMENT

This form grants permission to your child's coach or coaches to obtain medical/dental treatment for your child should an injury occur under the supervision of the coaches. My signature below authorizes my permission as a parent/guardian of (child's name) _____, a minor for whom I have legal custody, for the holder of this form to obtain medical/dental care for the above named minor as needed in my absence from a recognized medical facility and/or licensed physician or dentist.

MEDICAL INFORMATION OF ABOVE NAMED MINOR

Existing medical problems, including allergies _____

Medicine child is currently taking _____

Child's Physician _____
Phone Number _____
Insurance Company _____
ID # _____
Date of last tetanus shot _____

I understand Ware Academy, camp directors and counselors will not assume any responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp. I understand that should my child be dismissed from camp, no part of my tuition will be reimbursed for late arrival or early departure. I have carefully read all of the information in this application form and agree to all conditions stated.

Parent/Guardian Signature _____ Date _____

PLEASE PRINT VERY CLEARLY – PLEASE USE ONE FORM PER CAMPER

CAMPER'S NAME _____

POSITION: Attack Midfield Defense Goalie Not sure

SCHOOL _____ GRADE _____ DOB _____

HOME ADDRESS _____ CITY _____ STATE _____

ZIP _____ HOME PHONE _____ CELL _____

PARENT EMAIL* _____

***Most communications will take place via email, unless a different form is preferred: (circle one) Phone / U.S. Mail**