



Summer Camp

Camp Registration Form

THIS FORM IS TO BE FILLED OUT BY A PARENT OR GUARDIAN.
PLEASE TYPE OR PRINT IN INK ONLY. FILL IN ALL SECTIONS.

Last Name: First Name: M.I.

Birth Date: Age:

Position: Current Club Team:

Home Address: (No. and Street or Box No.)

City: State: Zip Code:

Home Phone: Parent's Email:

Mother/Guardian's Last Name: First Name:

Daytime Phone: Home Phone:

Father/Guardian's Last Name: First Name:

Daytime Phone: Home Phone:

Enclosed is a check or money order payable to One Up Lacrosse, to cover the full registration fee.

Orlando Camps:

Boys
\$200 Pre Registered
\$225 Day of Camp

Girls:
\$150 Pre Registered
\$175 Day of Camp

LA Camp
Boys
\$175 Pre Registered
\$ 200 Day of Camp

Please Send Payment To The Following Address:

**One Up Lacrosse
1043 Silver Plam Ln
Maitland, Fl 32751**



Participant Waiver & Release

Signature required to participate

I agree to the following:

Waiver and Release: I am fully aware of and appreciate the risks as well as other damages and losses associated with participation in lacrosse and related sports conditioning activities. I further agree that One Up Lacrosse Camp along with coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other damage occurring as a result of my participation in the event. I hereby give my consent to One Up Lacrosse Camp to provide customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in One Up Lacrosse Camp sponsored events. I will only participate in those activities in which I believe I am physically and psychologically prepared to participate.

Signature of participant and date

For any participant who is not yet 18 years old:

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting my child to participate in any of One Up Lacrosse Camp sponsored events and activities, and I accept each of the conditions.

Signature of parent/guardian and date

Insurance Information:

All participants are required to be covered with insurance for accidental injury. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Applicant last name, first name, middle initial

Health Insurance Company

Policy Authorization Number

Medical Treatment Authorization:

I/We, being the legal guardians of the applicant, authorize that Ned Bowen's "All Out" Lacrosse Camp and its agent's permission to request medical treatment as necessary to insure the well being of our dependent.

Parent/Guardian signature and date

Medical Treatment Authorization:

I/We, being the legal guardians of the applicant, authorize that Ned Bowen's "All Out" Lacrosse Camp and its agent's permission to request medical treatment as necessary to insure the well being of our dependent.

Parent/Guardian signature and date

