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MILLER LACROSSE

Millerlacrosse.com

Abodine@millerlacrosse.com

Superior Lacrosse Camp Registration Form

Please complete a separate registration form for each child.

You must be a registered US Lacrosse Member to attend. If you are not a member please go to the following link to become a member:

<http://www.uslacrosse.org/membership/index.phtml>

Camper's Name:

Parent/Guardian Name:

Address:

City:

State:

ZIP Code:

Email Address:

Home Phone: () -

Cell Phone: () -

Emergency Phone: () -

School Attending:

Years Lacrosse Experience:

Position:

Camper's Date of Birth:

Grade:

Youth Shirt Size:

Small

Medium

Large

Extra Large

US Lacrosse ID Number:

Expiration Date:

Waiver Release: I hereby certify the following: (1) my child is physically fit and has received medical clearance to participate in the clinic. (2) In consideration of an application to participate in the clinic being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my child's participation.

Parent/Guardian Signature:

Parent/Guardian Name (please print):

Please Mail Completed Registration Form with Check for \$250 per child made payable to **Miller Lacrosse Inc. by **May 15th** to:**

**Miller Lacrosse Inc.
189 Trumbull Road
Manhasset, NY 11030**