

# TOP FLIGHT LACROSSE

[www.topflightlacrosse.com](http://www.topflightlacrosse.com)

## OPEN TO BOYS AND GIRLS GRADES 4-9 REGISTRATION FORM

			BEFORE <u>7/1/11</u>	AFTER <u>7/1/11</u>
<input type="checkbox"/>	BOYS' CAMP JULY 25th-July 29th	9AM – 12: 30PM	\$175	\$200
<input type="checkbox"/>	GIRLS' CAMP JULY 25th-July 29th	9AM – 12: 30 PM	\$175	\$200

Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Email: \_\_\_\_\_  
Town:/Z.C. \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Cell: \_\_\_\_\_  
Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Position \_\_\_\_\_ Years Playing \_\_\_\_\_ High School: \_\_\_\_\_

### METHOD OF PAYMENT

MONEY ORDER       CASH       CHECK

EACH CAMPER WILL RECEIVE A FREE TOP FLIGHT T-SHIRT. PLEASE CIRCLE SIZE:

SMALL      MEDIUM      LARGE      EXTRA-LARGE

Mail Check or Money Order Payable to: **TOP FLIGHT LACROSSE**  
20 Ann Road  
Long Valley, NJ 07853  
Phone: 201-274-5462  
Fax: 973-483-7005  
Email: [topflightlacrosse@yahoo.com](mailto:topflightlacrosse@yahoo.com)

### PARENT CONSENT FORM

CAMPER'S NAME: \_\_\_\_\_

I give my consent for the above named registrant to participate in all activities of the TOP FLIGHT LACROSSE CAMP, INC.

Further, I authorize the coaches to administer needed first aid and to seek medical attention in case of emergency.

SIGNATURE: \_\_\_\_\_

EMERGENCY NO.: \_\_\_\_\_

### INSURANCE

All Participants require coverage for accidental injury. In most instances, Family Health Insurance is adequate. Please Indicate your Family Health Insurance Plan below.

Name: \_\_\_\_\_

Ins. Co.: \_\_\_\_\_

Ins. No.: \_\_\_\_\_

### WAIVER AND RELEASE

We, the undersigned, for ourselves, our heirs, executors and administrators, waiver, release and forever discharge Top Flight Lacrosse, Inc., its staff, officers, agents, representatives, employees, successors and assigns of and from and all right and claims for damages to person or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury or loss are due to negligence or not.

Applicant: \_\_\_\_\_

Parent: \_\_\_\_\_

Date: \_\_\_\_\_