

## **Medina Girls Lacrosse Camp Player Information**

Name (Print) \_\_\_\_\_ Age \_\_\_\_\_ Grade Entered this Fall \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Player's Email \_\_\_\_\_ Parent's Email (1) \_\_\_\_\_

Parent's Email (2) \_\_\_\_\_

Home Phone \_\_\_\_\_ School Attending in Fall 2023 \_\_\_\_\_

Position(s) \_\_\_\_\_ # Years of Playing Lacrosse \_\_\_\_\_

## **Emergency Contact Information for Camp**

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Name of relative, friend, or childcare provider to be notified if unable to reach parent:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

I, \_\_\_\_\_ the parent of \_\_\_\_\_, a voluntary participant in this program sponsored by Medina Lacrosse, am aware that there are certain risks of injury involved. Bearing this in mind, and with full knowledge of physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless Medina Lacrosse, Medina City School Board of Education and its employees and representatives against any claim for injury to persons or property, which may result from my child's participation in this activity. Finally, I agree my child shall abide by the rules and supervision of Medina Lacrosse.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this Camp Registration form and fee to (or bring it the first day of camp):**

**Medina Athletic Department  
Attn: Girls Lacrosse  
777 E. Union St.  
Medina, OH 44256**