

2009 SUMMER CAMP REGISTRATION, MEDICAL, WAIVER AND RELEASE FORM

Please mail completed form and payment to:



Xcelerate Lacrosse, LLC
P.O. Box 40231
Bay Village, OH 44140

Participant Waiver, Release, and Medical Treatment Authorization PARENT/GUARDIAN SIGNATURE IS REQUIRED

In consideration of my child's participation in Xcelerate Lacrosse LLC sponsored events and activities, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that Xcelerate Lacrosse LLC, along with coaches, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in the event or arising from travel to or from the event, whether said damages, injury or loss are due to negligence or not.
2. Medical Attention: I hereby give my consent to Xcelerate Lacrosse LLC to provide, through a medical staff of its choice, customary medical athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in Xcelerate Lacrosse LLC sponsored or sanctioned events.
3. Readiness to Compete: My child will only participate in those competitions or activities in which he or she believes to be physically and psychologically prepared to participate.
4. I hereby authorize Xcelerate Lacrosse LLC to utilize in any promotional materials any photograph or video taken of my child while participating in any activity involving Xcelerate Lacrosse LLC. In addition, Xcelerate Lacrosse is not responsible for personal items that are lost, stolen or damaged. I also understand and accept the Xcelerate Lacrosse LLC cancellation and refund policy.

As legal guardian of the participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participation Waiver & Release section for permitting my child to participate in any Xcelerate Lacrosse LLC sponsored events and activities, and I accept each of the conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian Date

Name of Parent/Guardian (Please Print)

MEDICAL TREATMENT AUTHORIZATION AND INFORMATION

I we being legal guardians of the participant, authorize Xcelerate Lacrosse LLC and its agents permission to request medical treatment as necessary to sure the well being of our dependent. All medical expenses will be the responsibility of the participant or the participant's parent/guardian.

Signature of Parent/Guardian Date

PLEASE CHOOSE YOUR CAMP

<u>OVERNIGHT CAMPS</u>	Overnight	Extended Day
UNC Charlotte - Charlotte, NC Sunday, June 28 - Thursday, July 2, 2009	<input type="checkbox"/> \$575	<input type="checkbox"/> \$475
Southwestern University - Georgetown, TX Sunday, June 28 - Thursday, July 2, 2009	<input type="checkbox"/> \$625	<input type="checkbox"/> \$525
Colorado Mtn College - Glenwood Springs, CO Sunday, July 26 - Thursday, July 30, 2009	<input type="checkbox"/> \$575	<input type="checkbox"/> \$475
Oregon State University - Corvallis, OR Sunday, July 26 - Thursday, July 30, 2009	<input type="checkbox"/> \$585	<input type="checkbox"/> \$485
Santa Clara University - Santa Clara, CA Saturday, August 1 - Wednesday, August 5, 2009	<input type="checkbox"/> \$645	<input type="checkbox"/> \$545
Evergreen State College - Olympia, WA Sunday, August 2 - Thursday, August 6, 2009	<input type="checkbox"/> \$625	<input type="checkbox"/> \$525
<u>DAY 'ONLY' CAMPS (9AM-3PM)</u>		
		Day
Mountain Vista High School - Highlands Ranch, CO Monday, June 22 - Thursday, June 25, 2009		<input type="checkbox"/> \$330
All Pro Sports Center - Waterville, ME Monday, June 22 - Thursday, June 25, 2009		<input type="checkbox"/> \$295
Skyline Community Fields - Sammamish, WA Monday, June 22 - Thursday, June 25, 2009		<input type="checkbox"/> \$345
PAL Park - Plantation, FL Monday, June 29 - Thursday, July 2, 2009		<input type="checkbox"/> \$330
Delta Park - Portland, OR Monday, June 29 - Thursday, July 2, 2009		<input type="checkbox"/> \$330
Jennings Field - Zionsville, IN Monday, July 13 - Thursday, July 16, 2009		<input type="checkbox"/> \$330
Alexandria Park - Milford, NJ Monday, July 13 - Thursday, July 16, 2009		<input type="checkbox"/> \$330
Ford Field - Vail, CO Monday, July 20 - Thursday, July 23, 2009		<input type="checkbox"/> \$330
Breckenridge Parks & Rec Fields - Breckenridge, CO Monday, July 27 - Thursday, July 30, 2009		<input type="checkbox"/> \$330
Memorial Field - Portland, ME Monday, August 3 - Thursday, August 6, 2009		<input type="checkbox"/> \$295
East Woods School - Oyster Bay, NY - Session One Monday, August 10 - Friday, August 14, 2009		<input type="checkbox"/> \$395
East Woods School - Oyster Bay, NY - Session Two Monday, August 17 - Friday, August 21, 2009		<input type="checkbox"/> \$395

WWW.XCELERATELACROSSE.COM

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIRT SIZE: (Adult Size) S M L XL POSITION: (Circle One) Attack Midfield Defense Goalie

PHONE: _____ EMAIL: _____
(required for confirmation - please print clearly)

Roommate Request (if applicable) _____ School/Club Team _____

HEALTH INSURANCE: _____ POLICY #: _____

Allergies/medical issues? _____ GRADE AS OF 9/1/09: _____

DISCOUNTS: You can only qualify for **ONE DISCOUNT**. Please check one box only.

Multiple Camp Sessions - Take total of \$75 off Team Discount - take \$25 off (5 or more: must be mailed together)

Prior Participation - Take \$25 off Family - Take \$20 off each member (2 or more)

PAYMENT & REFUND POLICY: A \$250 non-refundable deposit is due at time of registration. **All registrations submitted after April 1, 2009 must be paid in full.** No cash refunds without the purchase of refund insurance, good until June 1, 2009. Please visit our website for full details regarding our cancellation policy and refund insurance.

PAYMENT

Overnight Tuition _____

Extended Day Tuition _____

Day 'Only' Tuition _____

Discount (if applicable) (_____) _____

Rafting Fee (Colorado Mountain Camp: \$55) _____

Refund Insurance (cost \$35: cash refund available until June 1, 2009) _____

TOTAL TUITION _____

Enclosed is my Deposit of ... **\$250**

BALANCE DUE _____