

2010 SUMMER CAMP REGISTRATION, MEDICAL, WAIVER AND RELEASE FORM

Instructions: Please print, fill out, and send to the address below.

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

PHONE:
866-LAX-0010
866-529-0010



**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:

- 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.
- 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.
- 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.
- 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**

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>2010 CAMPS</u>	<u>Day</u>	<u>Ext. Day</u>	<u>Overnight</u>
CO - Vail Ford Field	<input type="checkbox"/> \$335	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
FL - Pal Park	<input type="checkbox"/> \$325		
IN - Trine University	<input type="checkbox"/> \$295	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
NC - UNC Charlotte	<input type="checkbox"/> \$295	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
NJ - Alexandria Park	<input type="checkbox"/> \$325		
NY - East Woods	<input type="checkbox"/> \$395	<input type="checkbox"/> \$200 (peanuts)	
OH - Baldwin Wallace	<input type="checkbox"/> \$295	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
OR - Oregon State Univ.	<input type="checkbox"/> \$395	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
TN - Vanderbilt Univ.	<input type="checkbox"/> \$335	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
TX - Southwestern Univ.	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595
WA - Evergreen State	<input type="checkbox"/> \$435	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595

Specialty Clinics (Optional) Xcelerate Lacrosse Camps will offer SHOOTING/DODGING; FACE-OFF; and GOALTENDING clinics at all OVERNIGHT CAMP LOCATIONS from 9:30am - 12:30pm on the first day of camp. The clinics will be taught by top players and coaches. Space is limited, so enroll early. Lunch Included.

CHOOSE ONE SPECIALTY CLINIC: (Add \$75.00 to Registration)

SHOOTING/DODGING FACE-OFFS GOALTENDING

Cancellation Policy & Refund Insurance

Cancellation Policy and Refund Insurance are described in detail on the Xcelerate Lacrosse Camps website @ www.xceleratelacrosse.com. Please review prior to submitting camp registration form and payment.

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIRT SIZE: (Circle One) 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 and/or other medical issues? _____ GRADE as of 9/1/10 _____

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

Early Bird Special - \$75 Discount on sign up by January 31, 2010 \$50 Discount on sign up by March 1, 2010

How did you hear about Xcelerate Lacrosse Camps? _____

By submitting this application to Xcelerate Lacrosse Camps, I affirm that I understand the Xcelerate Lacrosse, LLC cancellation policy and hereby accept these terms.

Parent/Guardian Signature: _____ **Date** _____

PAYMENT: A \$250 deposit is due at time of registration. If tuition is less than \$250, full payment is due at time of registration. **Please Note: ALL registrations submitted after May 1, 2010 must be paid in full.**

CAMP PAYMENT

Overnight Camp _____

Ext. Day Camp _____

Day Camp _____

Specialty Clinic (optional: \$75) _____

Rafting Fee (if applicable: \$75) _____

Refund Insurance (optional: \$35) _____

TOTAL TUITION _____

ONE Discount (if applicable) (_____) _____

BALANCE DUE _____

ENCLOSED IS:

Deposit \$250

Deposit + Insurance \$285

Full Balance _____