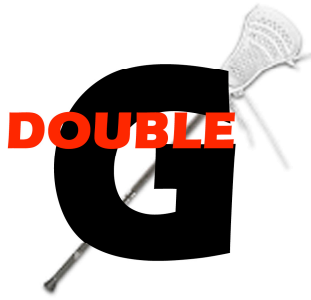


# REGISTRATION FORM

Seminole Lacrosse Club & Winter Springs Parks & Recreation Present



## DOUBLE G LACROSSE CAMPS

Boys Summer Lacrosse Camps  
Plus Face-off & Goalie Clinics

**Grades 4 through 8**  
**Central Winds Park, Winter Springs**

Complete form and mail along with your check made payable to Seminole Lacrosse Club. Send to:

**Graig Gallo**  
199 Nandina Terrace  
Winter Springs, Florida 32708

**QUESTIONS:** Please email Graig Gallo at [argallo@ursinus.edu](mailto:argallo@ursinus.edu) cell: 407-221-5770 or call Winter Springs Parks and Recreation at 407-327-6589.

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**TODAY'S DATE:** \_\_\_\_\_

**CAMPER LAST NAME:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_

**DATE OF BIRTH:** ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ) **AGE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT#:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**YEARS LACROSSE EXPERIENCE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**CHECK ALL THAT APPLY:**

\_\_\_\_\_ **JUNE 15 - 19 LACROSSE CAMP \$130.00 (\$150 after May 30)**

\_\_\_\_\_ **JUNE 15 - 19 CLINIC Face-Off Goalie (circle preference) \$50.00**

\_\_\_\_\_ **AUGUST 17 - 21 LACROSSE CAMP \$130.00 (\$150 after July 31)**

\_\_\_\_\_ **AUGUST 17 - 21 CLINIC Face-Off Goalie (circle preference) \$50.00**

\_\_\_\_\_ **CHECK IF ATTENDING WITH BROTHER \$105/boy (\$125/ after May 30 or July 31)**

**NAME OF BROTHER** \_\_\_\_\_

\_\_\_\_\_ **TOTAL AMOUNT OF CHECK INCLUDED**

# REGISTRATION FORM

(page 2 of 2)

**NAME OF CAMPER** \_\_\_\_\_

**CURRENT US LACROSSE MEMBERSHIP NUMBER:** \_\_\_\_\_

You can sign up for US Lacrosse membership at: <http://www.uslacrosse.org>

## EMERGENCY INFORMATION:

**PARENT/GARDIAN'S NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

**PHYSICIAN'S PHONE:** \_\_\_\_\_

**SPECIAL MEDICATIONS OR CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

**RELEASE WAIVER AND SIGNATURE:** I hereby release and agree to indemnify and hold harmless the City of Winter Springs, the City of Winter Springs Parks & Recreation Department, Seminole Lacrosse Club (SLC), Double G Lacrosse, and any official or volunteer of the City of Winter Springs or SLC against all claims resulting from the participation in this class or program, with my knowledge that by participating in this activity I/we assume risk of injury. I hereby give permission in my absence for my son to receive any necessary medical treatment for injury or sickness outpatient care and/or hospital treatment.

I also give permission to the City of Winter Springs, Double G Lacrosse, and SLC to use and to display any photographs taken of my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Winter Springs or SLC.

**SIGNATURE OF PARENT/GARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_