Brotherhood Lacrosse

Youth Camp Registration

@ Northern Highlands High School

PO Box 82
Midland Park, NJ 07432
www.brotherhoodlacrosse.com
201.301.2808
info@brotherhoodlacrosse.com

Player Name_____ Position_____

Address_____ City_____ State _____

Zip Code_____ D.O.B_____ Parents Name's _____

Phone Number_____ Emergency Contact Name_____

Emergency Phone Number_____ Current Grade (08-09 School Year)_____

Health Insurance Carrier_____ Insurance Number_____

Email Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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US Lacrosse Number ☐☐☐☐☐☐☐☐☐☐

July 6th-10th 2009
(Please Check Box)

Session 1- (3rd- 5th Grade) 9am-12pm ☐

Session 2- (6th- 8th Grade) 1pm- 4pm ☐

Payment Information-
$225

Please make all Checks Payable to:
Brotherhood Lacrosse LLC

My son, _____, has requested to participate in a Brotherhood Lacrosse activity/event. I am fully and completely aware of the actual potential risks inherent in this activity. By signing below I am asserting that we knowingly and voluntarily assume all such risks. I further assert that my son is covered by a health/accident insurance plan, which will be available to cover the costs of any medical expenses incurred should he be injured in the course of participating. I agree not to hold Brotherhood Lacrosse LLC, its directors, coaches, or other participants, liable for insuring any losses we suffer in relation to our son's participation. I understand that Brotherhood Lacrosse LLC does not maintain liability insurance coverage associated with lacrosse activities or events. I assume full and complete responsibility for obtaining proper health/accident insurance coverage.
I hereby authorize the Staff of Brotherhood Lacrosse LLC to provide medical attention should my child require it. Such medical attention includes, but is not limited, prevention, assessment, management, and referral to an appropriate medical facility. I also grant permission for an emergency room physician to examine and manage, hospitalize or secure treatment, for my child in the event of an emergency.

_____	_____	_____	_____
Signature of Legal Guardian	Printed Name of Legal Guardian	Printed Name of Participant	Date

Mail the following Items with your Registration Form to the address listed below:
*** One check payable to "Brotherhood Lacrosse LLC" ***
*** Photocopy of Primary Insurance Card ***
*** Photocopy of US Lacrosse Card ***

Brotherhood Lacrosse LLC
PO Box 82
Midland Park NJ, 07432