

Registration Form

Send completed registration to:
Casey Powell Lacrosse
1515 Route 31, Bridgeport, NY 13030
315-882-6612 phone 315-217-0438 fax
info@CaseyPowellLacrosse.com



Player Information

First Name _____ Last Name _____
Address _____ City _____
State _____ ZIP _____ Email _____
Home Phone _____ Cell Phone _____
Date of Birth & Age _____ Parent/Guardian Name _____
Gender boy girl (please be sure that your child is age and gender appropriate for selected camps)

Roommate Request: _____
(overnight camps only)

Playing Experience (# of years) _____ US Lacrosse # _____
 beginner elementary school middle school junior varsity varsity

Position(s) Played: A M D G (please circle position)

Parent/Guardian Authorization

I (parent/guardian) _____ to the best of my knowledge confirm this health history information is correct and the person herein described has my permission to engage in all camp/clinic activities, with the exception of any physical limitations as provided. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I hereby waive and release Casey Powell Lacrosse LLC, staff, camp/clinic management and sponsors from any liability for any injury or illness incurred while at camp/clinic. I understand that there is a risk of injury to my child as a result of camp activities and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp.

➔ Signature: _____ Date: _____

Insurance Carrier _____ Policy # _____

Policy Contact _____

I understand Casey Powell Lacrosse LLC, retains the right to use for publicity and advertising purposes, photographs/ video of campers taken at camp.

➔ Signature: _____ Date: _____

Payment Information*

All camp registrations are due prior to start of camp.
All payments are final unless cancellation is due to a health related emergency accompanied by a note from a medical doctor. Camp and clinic fees are non-refundable and full payment is due at time of registration submission.

Amount of enclosed check*: \$ _____ Payable to "Casey Powell Lacrosse LLC"
*\$20 returned check fee

Pay by Credit Card: (only Mastercard/VISA/AMEX accepted)

Name on Card: _____

Credit Card number: _____ Exp. Date _____

Security Code: _____ Amount of charge: \$ _____

➔ Card Holder Signature: _____

2010 DATES

Check date(s) that apply:

June 6-9, 2010
Gainesville, GA
 day \$400
 overnight \$600
 overnight + speciality \$700

July, 5-8, 2010
Pennsburg, PA
 day \$400
 overnight \$600
 overnight + speciality \$700

July, 11-14, 2010
Windsor, CT
 day \$550
 overnight \$750
 overnight + speciality \$850

July, 26-28, 2010
Skaneateles, NY
 day \$200

July, 29-30, 2010
Cazenovia, NY
 day \$100

August, 1-4, 2010
Fort Ann, NY
 overnight \$422
 overnight + speciality \$522