

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 _____
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: _____

Thurs., August 6
6:30pm - 8:00pm

Speed Skating
Olympic Oval
Downtown
Lake Placid, NY

Clinic Price: \$20
Tri-Lakes Youth
Member: \$10

Sponsored by
Tri-Lakes
Youth Lacrosse