



# SUMMER CAMP 2017

HIGH SCHOOL & MIDDLE SCHOOL GIRLS 5TH-12TH GRADE

**SESSION A: JULY 10-14**

High School: 9am-11am

Middle School/Elementary: 10am-12pm

**SESSION B: JULY 17-21**

High School: 9am-11am

Middle School/Elementary: 10am-12pm

**LOCATION**

HARPER SCHOOL  
425 E. 18th Street  
Costa Mesa, CA 92627

## REGISTRATION

### PLAYER

Player Name: \_\_\_\_\_

US Lacrosse # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Player's Mobile Phone: \_\_\_\_\_

Player's Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade : \_\_\_\_\_ Position: \_\_\_\_\_ Shirt Size (circle one): XS S M L XL

### PARENT

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_

Parent/Guardian Email (s): \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### INSURANCE

Insurance Provider: \_\_\_\_\_

Primary Policy Holder: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Describe any health conditions, allergies, or concerns that might affect your playing:

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL CONSENT & LIABILITY RELEASE

I hereby authorize the staff of Anchor Lax to act for me, according to their best judgment, in any emergency requiring medical attention. I hereby waive and release the staff, and the facility from any and all liability for injury or illness incurred while playing for Anchor Lax.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### REGISTRATION & PAYMENT

Mail registration/payment to:

Anchor Lax

120 Tustin Avenue C1035

Newport Beach, CA 92663

Checks payable to: Anchor Lax

### SUMMER CAMP 2017

**ONE SESSION \$200**

**JULY 10-14**

**JULY 17-21**

**TWO SESSIONS \$250**