

JESSE HUBBARD LACROSSE EXPERIENCE 2010 REGISTRATION FORM

Sign up online at www.hubbardexperience.com with credit card or send completed registration form and check to address below.

Camper Name _____ Parent/Guardian Name(s) _____
 Birthdate _____ Age (as of 6/27/10) _____ Grade (rising) _____ School _____ League/Team _____
 Home Address _____
 Parent Email Address (PLEASE PRINT CLEARLY) _____
 Home Phone _____ Mother Phone _____ Father Phone _____
 If parent/guardian not available in case of emergency, please contact _____ Relationship _____ Phone _____
 Doctor Name (in case of emergency) _____ Doctor Phone _____
 Roommate Request(overnight camp only) First Choice _____ Second Choice _____ (Cannot guarantee requests)
 Circle Position (Please choose ONE position. Campers can try other positions after teams are set.) Attack Midfield Long Stick Midfield Defense Goalie
 Circle T-Shirt Size for Camper Youth S M L or Adult S M L XL XXL

PLEASE INDICATE CAMP SESSION AND TUITION	
CANTERBURY SCHOOL, NEW MILFORD, CT June 27-30 • Boys 9-17 <input type="checkbox"/> Overnight Tuition: \$675.00 <input type="checkbox"/> Extended Day Tuition: \$495.00	EPISCOPAL HIGH SCHOOL, ALEXANDRIA, VA July 11-14 • Boys 9-17 <input type="checkbox"/> Overnight Tuition: \$675.00 <input type="checkbox"/> Extended Day Tuition: \$495.00
GEORGE MASON UNIVERSITY, FAIRFAX, VA July 6-9 • Boys 8-14 <input type="checkbox"/> Day Camp (9am-3pm) Tuition: \$375.00	REFUND POLICY: In the event of cancellation prior to June 2, 2010, any tuition paid will be refunded minus the \$200 non-refundable deposit. Any cancellation after June 2, 2010 will result in a credit equal to the tuition paid (minus the \$200 non-refundable deposit), which can be applied by the same camper toward a future Hubbard Experience Camp, either in 2010 or 2011.

REGISTRATION PAYMENT & DEPOSIT INFO:
 \$200 Non-refundable deposit due upon registration. Balance is due by June 2, 2010. Registration after June 2 requires full tuition (less any applicable Returning Camper Discount).

- DISCOUNTS** (Applied toward tuition balance, not deposit. Combine discounts if applicable.):
- \$30 EARLY REGISTRATION: Register by April 14 (Online registration must be made on or before 4/14/10, or envelope with registration form/check MUST BE postmarked by 4/14/10. Applies to EACH camp for which participant registers.)
 - \$25 RETURNING CAMPER: If camper has attended any previous Jesse Hubbard Lacrosse Experience session (If RETURNING camper registers for more than one 2010 camp, this discount applies to EACH camp. If NEW camper registers for more than one 2010 camp, this discount applies toward only ONE camp.)
 - Enclosed is my \$200.00 deposit Enclosed is my Total Tuition

Please make check payable to Jesse Hubbard Lacrosse LLC. (A \$20 fee applies to any returned check)
 Please send completed registration form and check to:
Jesse Hubbard Lacrosse, LLC P.O. Box 761 Cockeysville, MD 21030
 (A confirmation email will be sent within 7 days after receipt of registration form and payment)



Tuition Balance (after deposit): \$ _____
 Discount(s): if eligible \$(_____)
 Total Due: \$ _____

STATEMENT OF WELLNESS FOR PARTICIPATION AND PERMISSION TO ADMINISTER TREATMENT

I, _____ do hereby verify that my child, _____ to the best of my knowledge is free from contagious disease, is fully immunized and is able to participate fully in the camp programs. In the case of a medical emergency and the event that the parent/guardian cannot be immediately contacted, I hereby give my permission for emergency treatment to be administered to my child. I understand that Jesse Hubbard Lacrosse, LLC does not carry accidental injury insurance on the campuses and schools that Jesse Hubbard Lacrosse, LLC leases, and I release Jesse Hubbard Lacrosse, LLC and Canterbury School / Episcopal High School / George Mason University and their employees, staff, management and sponsors from all liability for any personal injuries, illnesses, loss or damage to property. I agree to assume liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.)

Signed: _____ Date: _____
 Parent/Guardian

INSURANCE COMPANY _____ POLICY NUMBER _____

SPECIAL MEDICAL CONCERNS
 Date of last DPT/Tetanus immunization: _____
 Please use the provided lines to describe any allergies, medical concerns, and special needs:

MEDICATION & EPIPENS TAKEN WHILE AT CAMP

Medication taken while your child is participating in the Jesse Hubbard Lacrosse Experience Camp must be given by the Certified Athletic Trainer. Some exceptions may be made if the medication is best administered by the child (e.g. Asthma inhalers), but this must be approved by the Certified Athletic Trainer AND the medication Administration Form must be completed. Medications must be fully labeled (name of child, name of medication, amount to be taken, etc.) and handed to the Certified Athletic Trainer during the camp check-in period. Prescription medication can only be dispensed if it in the original container, properly labeled, with the dosage, time and the amount clearly marked. Please list all medications to be administered by the Certified Athletic Trainer during camp and/or administered by parents, but during camp.

Medication Name	Amount
When to be Given	How to be Given

PERMISSION TO ADMINISTER MEDICATION
 I give permission to Jesse Hubbard Lacrosse, LLC and its agents to administer the above listed medication(s) in the above prescribed manner to my child.

Parent/Guardian: _____ Date: _____
 Print Child's Full Name _____ Signature _____