

# JESSE HUBBARD LACROSSE EXPERIENCE 2009 REGISTRATION FORM



## CAMPER PERSONAL / MEDICAL INFORMATION & RELEASE FORM AND WAIVER (must be completed by a parent or guardian.)

Camper Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Camper Birthdate: \_\_\_\_\_ Camper Age: (as of 6/20/09) \_\_\_\_\_ Camper Grade: \_\_\_\_\_ Camper School: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mother Work Phone: \_\_\_\_\_  
 Father Work Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_  
 If neither parent nor guardian is available in case of emergency, please notify: Contact Name: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Emergency Contact Relationship to family: \_\_\_\_\_  
 Doctor Name: (We will only use these phone numbers in case of an emergency) \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Roommate Request:(overnight camp only) First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ (We will try to meet requests but cannot guarantee them)

Please indicate free Warrior stick choice: \_\_\_ Helix \_\_\_ Evolution 2.0 \_\_\_ Blade 2.0 \_\_\_ Void (Goalie) (Heads come unstrung with string kit and Warrior Alloy 2000 attack handles)

Indicate stringing preference \_\_\_ Hard Mesh \_\_\_ Wide Mesh \_\_\_ Traditional Leather

Check T-Shirt Size for Camper: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL Check Camper Position: \_\_\_ Attack \_\_\_ Midfield \_\_\_ Long Stick Midfield \_\_\_ Defense \_\_\_ Goalie

Payment info: full payment required with registration. (If a fully paid registrant is unable to participate in camp, a credit of equal tuition amount can be applied toward a session the following year. Non-transferable.)

**Discounts - Please check one if eligible.**

Check here if you are a RETURNING CAMPER. Discount - \$25.00

Check here if you are a RETURNING CAMPER registering for 2 or more camps. Discount - \$50.00 off TOTAL TUITION (must register for 2 or more at same time.)

Check here if FIRST TIME CAMPER registering for 2 or more camps. Discount - 25.00 off TOTAL TUITION (must register for 2 or more at same time.)

**PLEASE INDICATE SESSION AND TUITION BELOW**

|  |   |
|--|---|
| <p><b>AT EPISCOPAL HIGH SCHOOL, ALEXANDRIA, VA</b><br/> <b>Overnight Camp- Boys 9-17</b><br/>                 July 12-16<br/>                 Tuition: \$675.00 <input type="checkbox"/></p> | <p><b>AT GEORGE MASON UNIVERSITY, FAIRFAX, VA</b><br/> <b>Day Camp (9am-3pm) - Boys 8-14</b><br/>                 Session 1 June 22-26 <input type="checkbox"/> Session 2 July 27-31 <input type="checkbox"/><br/>                 Tuition: \$375.00</p>            |
| <p><b>Extended Day Camp (9am-8:30pm)-Boys 9-17</b><br/>                 July 12-16<br/>                 Tuition: \$495.00 <input type="checkbox"/></p>                                       | <p><b>Advanced High School Shooting Camp</b><br/>                 (3:30pm-6pm)-Boys-Rising Freshmen and Up<br/>                 Session 1 June 23-25 <input type="checkbox"/> Session 2 July 28-30 <input type="checkbox"/><br/>                 Tuition: \$325</p> |

Please pay by check payable to Jesse Hubbard Lacrosse:  
 Tuition:\$ \_\_\_\_\_ Discount: if eligible \$( \_\_\_\_\_ ) Total Due: \$ \_\_\_\_\_

Please send completed registration form and check to:  
 Jesse Hubbard Lacrosse  
 P.O. Box 987  
 Brooklandville, MD 21022

### 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 camp does not carry accidental injury insurance on the campuses and schools that Jesse Hubbard Lacrosse camp leases, and I release Jesse Hubbard Lacrosse camp and Episcopal High School / George Mason University and their employees 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 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 camp to administer the above listed medication(s) in the above prescribed manner to my child.

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