

STICKS Lacrosse Winter "Mini-Camp" 2008 Application Form

Monday, Dec. 22 and Tuesday, Dec. 23

Sign up for 1 or 2 days

9:30 a.m. - 3:30 p.m.

St. Albans School, Martin Gymnasium

3551 Garfield Street, NW

Boys and Girls Ages 5 – 11

See www.stickslacrosse.com for more information

Name: _____ Age : _____ M/F: _____ DOB: _____

Current Grade: _____ School: _____

Emergency Contact Phone Numbers During the Clinics: _____

Email Address(es) : _____

If your child has previously been a camper with Sticks Lacrosse, please fill out only new info below. Please still sign the waiver and consent.

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Food allergies or special medical concerns: _____

(Note: Lunch will not be provided by Sticks Lacrosse, although the St. Albans snack bar will be open)

Stick Needed: Y / N

Is there anything you would like us to know about your child? _____

Mini-Camp Fee

1 day (\$60), 2 days (\$100)

Please check day(s): Monday, Dec. 22 _____ Tuesday, Dec. 23 _____

For additional information, please contact Malcolm Lester at 202-537-5703 or mlester@stickslacrosse.com. Applications are due by Monday, December 15.. After this date, please contact Coach Lester to see if space is still available.

Send application and check made out to "Sticks Lacrosse" to:

Malcolm Lester
Sticks Lacrosse
1209 D Street, NE
Washington, DC 20002

WAIVER:

I give permission for _____ to participate in the "STICKS Lacrosse" clinic(s) and to have its staff arrange for medical and/or surgical care for my child in any emergency which may occur during the clinic(s) in the event that a parent/guardian cannot be located. I understand that neither "STICKS Lacrosse" nor any of its employees can assume responsibility for possible accidents.

Parent/Guardian Signature: _____ Date: _____

CONSENT:

I give permission for my child's photo to be used in "STICKS Lacrosse" promotional materials (brochures, website, etc.). My child's name will NOT be identified in any of the materials.

Parent/Guardian Signature: _____ Date: _____