

Sticks Lacrosse 2010 Summer Camps Application

www.stickslacrosse.com

Malcolm Lester, Director, Sticks Lacrosse, 202-537-5703, mlester@stickslacrosse.com
Summer Camps for Boys and Girls (Campers ages 5-11 and Assistant Coaches ages 12-14)

Camp #1

Kingsman Field, 13th & D, NE
June 21-25, 9:00-12:00
or pro-rated 6/23-6/25 for kids
whose school year was extended

Camp #2

Beauvoir School, NW
August 9-13, 9:00-3:30

Camp #3

Kingsman Field
August 16-20, 9:00-12:00

Name: _____ Age at camp start _____ M/F: _____ DOB: _____

Grade in fall 2010: _____ School: _____

Parent/Guardian Name(s): _____

Address: _____

Parent/Guardian email(s): _____

Home Phone: _____ Work Phone(s): _____

Cell Phone(s): _____

Emergency Contact(s) during camp(s) (include phone #'s): _____

Allergies, medical/other concerns: _____

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

Has your child played lacrosse before? Y / N If yes, number of years playing _____

Please list other campers, if any, that your child would like to be grouped with: _____

Does your child need a lacrosse stick? Y / N (Campers need to provide their own mouthpieces)

Please check appropriate slots:

<p>Camp #1 Kingsman: June 21-25: 9-12 (Or partial week 6/23-6/25) _____ Camper Full Week (\$165) _____ Camper 6/23-25 (\$100) _____ Ass't Coach Full Week (\$75) _____ Ass't Coach 6/23-6/25 (\$50)</p>	<p>Camp #2 Beauvoir: Aug 9-13: 9-3:30 _____ Camper (\$375) _____ Assistant Coach (\$150)</p>	<p>Camp #3 Kingsman: Aug 16-20: 9-12 _____ Camper (\$165) _____ Assistant Coach (\$75)</p>
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Note: Assistant Coaches assist the staff but also receive lacrosse instruction and participate in some drills while being closely supervised. A great mentoring and leadership opportunity for 12-14-year old boys and girls.

- **Take 10% off total fee if signing up for multiple camps or if registering siblings**
- **Add a late fee of \$20 for applications submitted or payments made within one week of camp start. Please also confirm space availability with Coach Lester if submitting a late application. No refunds will be given if cancellation occurs within one week of camp start.**
- **Camp scholarships are available. Please contact Coach Lester for information.**
- **Please 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 and/or camp and to have its staff arrange for medical and/or surgical care for my child in any emergency which may occur during the clinic and/or camp session 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: _____