

# STICKS Lacrosse Winter "Mini-Camp" 2011 Application Form

Thursday, Dec. 22 and Friday, Dec. 23

**Sign up for 1 or 2 days!**

9:00 a.m. – 4:00 p.m.

St. Albans School, Martin Gymnasium

3551 Garfield Street, NW

Boys and Girls Ages 5 – 12

See [www.stickslacrosse.com](http://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 Sticks Lacrosse snack bar may be open!)*

Stick Needed: Y/ N Names of other children your child would like to be grouped with \_\_\_\_\_

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

### Mini-Camp Fee

1 day (\$80), 2 days (\$150)

*10% discount off family total if siblings sign up*

Please check day(s): Thursday, Dec. 22 \_\_\_\_\_ Friday, Dec. 23 \_\_\_\_\_

*For additional information, please contact Malcolm Lester at 202-537-5703 or [mlester@stickslacrosse.com](mailto:mlester@stickslacrosse.com). Applications are due by Friday, December 16. After this date, please contact Coach Lester to see if space is still available. \$10 late fee for applications received after 12/16*

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

Malcolm Lester  
Sticks Lacrosse  
3610 Idaho Avenue, NW  
Washington, DC 20016

### 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: \_\_\_\_\_