



BOYS LACROSSE CAMP

June 11 – 14, 2018

6:00 PM - 7:30 PM

Location: St. Thomas Aquinas HS

Ft. Lauderdale, FL

**SENIOR DIVISION - HIGH SCHOOL
BEGINNERS WELCOME**

All participants must have proof of insurance!

Director – Terry Crowley, Head Lacrosse Coach

Kevin Crowley, Hofstra University

Joey Guglielmo, Mercy College

Registration Form

- Registration Fee \$195.00
- Checks made payable to St. Thomas Aquinas HS, Inc.
- Mail completed forms to St. Thomas Aquinas HS, 2801 SW 12th Street, Fort Lauderdale, FL 33312, Attn: Terry Crowley, Athletic Department

St. Thomas Aquinas Lacrosse Camp Registration

Age Group: (circle one) HS

Player Name: _____ Grade: _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email Address: _____

US Lacrosse Member Number: _____

Emergency Contact: Name: _____ Relationship: _____

Phone number: (H) _____ (C) _____

Lacrosse Information:

Position: _____ Years Playing: _____ Team or School: _____

Parents and/or Guardians Acknowledgement/ Release:

I verify that my child has been checked by a licensed physician prior to coming to the St. Thomas Aquinas HS Lacrosse camp and is physically able to participate fully. I also realize that lacrosse is a sport that involves aggressive play and physical contact, both of which can result in serious injury. Moreover, even with headgear, lacrosse players are susceptible to head and neck injuries. I understand the inherent risk involved and I hereby do assume all risks included in my son's participation in such activities. I agree to allow my child to be treated by the staff at the closest hospital to the event, or any athletic training staff that this league may contract in the event of an injury or emergency. In addition, I assume all risks from the participation in this sport event, and will hold harmless The St. Thomas Aquinas HS, camp coaches, and Terry Crowley of any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Parent/Guardian Signature: _____ Date: _____

Insurance Carrier and Policy #: _____

Please enclose a copy of the proof of insurance!