



# Evening Lax CAMP – Girls

June 25-28, 2018

5:00 PM - 7:00 PM

Location: St. Thomas Aquinas HS  
Ft. Lauderdale, FL

All participants must have proof of insurance!

Director – Michael Skonieczki,  
Head Varsity Lacrosse Coach  
Kevin Gilligan, Assistant Coach  
Kristina Stein, JV Lacrosse Coach

# 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 12<sup>th</sup> Street, Fort Lauderdale, FL 33312, Attn: Athletic Department

## St. Thomas Aquinas Lacrosse Camp Registration

Age Group: (circle one) Middle School                      High School (STA students only)

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 Played: \_\_\_\_\_ Club 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 daughter'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 Michael Skonieczki 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!