



2019 GIRLS LACROSSE CAMP REGISTRATION FORM

Camper 1 Name: _____ Camper's Age: _____
Camper 2 Name: _____ Camper's Age: _____
Camper 3 Name: _____ Camper's Age: _____

Home Phone #: (_____) _____

Work Phone #: (_____) _____

Cell Phone #: (_____) _____

Email Address: _____

School Currently Attending: _____

Experience: _____

T-shirt Size (Youth): S_ M_ L_ *Please select Camper's shirt size

T-shirt Size (Adult): S_ M_ L_ XL__

***Please make all checks payable to: Colonial Forge High School Girls Lacrosse Camp**

Amount enclosed: \$_____ check or cash

Emergency Information:

Contact Person: _____

Phone Number: _____

Email: _____

Waiver & Medical Consent

Any health concerns/considerations that the Colonial Forge High School Camp Staff should be aware of:

(Select which applies) YES NO If so, please explain: _____

WAIVER

In consideration of my application being accepted, I, intending to be legally bound, for myself, my executors and administrators, waive and release and forever discharge any and all rights and claims for damages which I may have hereafter accrue to me against Camp Coaches or Staff or the Stafford County School Board. I waive all claims against Stafford County employees and administrators or its respective officers, agents, representatives, successors, and/or assigned camp staff, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in and/or rising out of my travel to the Colonial Forge High School Camp to participate on the campus of Colonial Forge High School. I, the parent/guardian of _____ do hereby agree to the above waiver and release.

Parent/Guardian Signature _____ Date _____

MEDICAL CONSENT

Camper's Name _____ Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray exam and immunizations for the above named camper. In the event of a serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious way possible. If said physician is not able to communicate with me, my signature authorizes the treatment necessary for the best interest of the above named child. In the event that an emergency arises during the camp session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the camp staff and rescue squad to provide the needed medical treatment to the camper prior to their admission to any medical facilities. Name of Family Physician _____

Parent/Guardian Signature _____ Date _____

Please send Registration Form & Fee to:

Nathaniel Medic
550 Courthouse Road
Stafford, VA 22554

Phone: 412-600-9239
Fax: 540-658-6120
Email: forgeglax@gmail.com



2019 COLONIAL FORGE GIRLS LACROSSE CAMP

DATE: JUNE 24 -JUNE 26

TIME: 5:00 PM TO 8:00 PM

AGES: 6 TO 13

COST: \$50 (T-SHIRT INCLUDED)

LOCATION: COLONIAL FORGE HIGH SCHOOL LACROSSE FIELD

CAMP STATEMENT

THE PRIMARY FOCUS OF THE CAMP IS ON INDIVIDUAL PLAYERS AND SKILL DEVELOPMENT. FUNDAMENTALS WILL BE STRESSED. A FUN LEARNING ENVIRONMENT WILL BE PROVIDED TO GROW THE GIRLS' SKILLS TO THE NEXT LEVEL.

ADDITIONAL INFORMATION

- ✕ CAMPERS ARE PUT INTO TEAMS BASED ON THEIR AGE AND ABILITY
- ✕ STICKWORK, DODGING, SHOOTING, DEFENSE CONCEPTS, FOOTWORK, AND PROPER CHECKING TECHNIQUE WILL BE EMPHASIZED.
- ✕ SPECIALTY WORK WITH GOALKEEPERS
- ✕ INDIVIDUAL SKILL DEVELOPMENT AND TEAM PLAY EACH DAY

CAMP STAFF

- ✕ **NATHANIEL MEDIC:** CAMP DIRECTOR AND HEAD GIRLS LACROSSE COACH AT COLONIAL FORGE H.S.
- ✕ **CATHERINE KENNEDY:** ASSISTANT GIRLS LACROSSE COACH AT COLONIAL FORGE H.S.
- ✕ **KATIE HATTON:** JV GIRLS LACROSSE COACH AT COLONIAL FORGE H.S.
- ✕ **CURRENT COLONIAL FORGE HIGH SCHOOL VARSITY AND JV PLAYERS**

RULES

- ✕ CAMPERS WILL NOT BE PERMITTED TO LEAVE THE SCHOOL CAMPUS DURING THE SESSION, UNLESS RELEASED TO A PARENT/GUARDIAN AND SIGNED OUT WITH THE CAMP DIRECTOR.
- ✕ USE OF TOBACCO PRODUCTS, ILLEGAL DRUGS AND/OR ALCOHOLIC BEVERAGES WILL RESULT IN DISMISSAL FROM CAMP WITHOUT A REFUND.

ITEMS TO BRING

- ✕ CLEATS (IF POSSIBLE)
- ✕ INDOOR SHOES OR TENNIS SHOES (IN CASE WE HAVE TO PLAY INSIDE)
- ✕ LACROSSE STICK
- ✕ MOUTH GUARD
- ✕ SUNSCREEN
- ✕ GOALIES MUST BRING THEIR OWN EQUIPMENT
- ✕ WATER BOTTLE
- ✕ EYE PROTECTION
- ✕ DRINKS AND OTHER SNACKS WILL BE ON SALE AT THE CONCESSION STAND

