

Summit Grove Warriors Lacrosse Camp

Ages 6-13

June 25th-29th, 2018 8:30-4:30

\$250 Registration open until 6/18/18

Head Coach: Ken Connolly

Warrior Lacrosse Club President, previously VP

Head Coach with girls' team ages 7-14

Level 1 and Level 2 US Lacrosse certified

18 years playing in men's lacrosse club

CPR Instructor

Has US Lacrosse clearances

LOVES Lacrosse and enjoys teaching kids of all levels

All Levels Welcomed! Instructional week concluding with a game on Friday to showcase your skills in front of family and friends! 6/29/18

Camp Includes:

- T-shirt
- Hot Lunch
- Gaga pit and other outside activities
- Swimming pool/Free time
- Games and giveaways

Please bring water bottle, swim suit, mouth guard and sticks (if available)

TO ENROLL:

Complete and Mail **Registration, Medical** forms with **Payment** (*see next page*)

Send To:

Summit Grove Camp
140 South Front St.
New Freedom, PA 17349

To pay **Credit:** Call 717-235-3656 (there is a 3% charge)

CAMPER Information:

Name: _____

Age: _____ Grade Entering: _____

Birthdate: _____

PARENT/GAURDIAN Information:

Name: _____

Add: _____

Day Phone: _____

Cell: _____

E-mail: _____

Medical Information: (Must be completed)

Family Doctor: _____

Phone: _____

Date of Last Tetanus Shot: _____

Allergies: _____

Current Medications: _____

Insurance Company: _____

Policy #: _____

Bring Current Medications and give them to the nurse/trainer on first day of camp.

Bring:

Lacrosse Gear and Equipment

Mouth Guard

Water Bottle

Sticks (If Available)

Modest Swimsuit

Towel

Sunscreen

Extra Set of Clothes

Cash for Snack Shack

I permit the camper listed above to receive over the counter medications as supervised by the camp nurse/trainer.

Signature: _____

Permission for Action:

It is understood that caution will be taken by the camp director and staff to prevent injury; however, injury sometimes occurs during camp. In the event of an accident none of following shall be held responsible: Executive Director, nurse, counselors, staff and Summit Grove. In the event of an emergency where medical treatment is required, I give permission to the physician selected by the designated camp staff to hospitalize, secure treatment, to order injection, anesthesia or surgery for the camper. Please notify me in case of emergency. Any claim or dispute arising from or related to this agreement shall be settled by biblically based mediation and if necessary legally binding arbitration in accordance with the Rules of procedure for Christian Conciliation of the institute for Christian Conciliation a division of Peacemaker Ministries. Judgement upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes except to enforce an arbitration decision.

Initial: _____

I certify that the camper is in good physical condition and can participate in the camp program, I also give permission to contact the doctor listed.

Date: _____ Signature: _____