THHS Mustangs LAX CAMP
2011 Fall/Winter LACROSSE CAMP
Registration/Waiver Form

NAME_____AGE____GRADE___

D.O.B. _____ Years Exp.____

MOTHER/GUARDIAN_____H#_____C#_____

FATHER/GUARDIAN_____ H#_____ C#_____

EMAIL_____

ADDRESS_____City _____ZIP_____

OTHER EMERGENCY INFO:
NAME/RELATIONSHIP_____H#_____C#_____

Who: Mandatory for all Interested in Playing in the Spring Season
When: ***Fall Clinic:*** **Saturdays 10/8, 10/15, 10/22, 10/29, 11/5, 11/12, 11/19 @3:30 – 6:30pm** (Team placement evaluation camp)
Winter Clinic: **Saturdays 12/3, 12/10, 12/17, 1/7, 1/21, 1/28, 2/4 @10:30am-1:30pm** (Tryouts for Spring Team placement during this Camp)
Where: Upper Field and THHS Stadium
Cost: $225.00 per Clinic or Discount Fall/Winter Cost: $275.00
Specify: Fall Only_____ Winter Only _____ Both _____
Instructor: New Varsity Head Coach Brendan Finnerty – "Coach Finn"
And his Coaching Staff. Visit http://www.mustanglax.com for more information.

Improve your lacrosse skills this Fall/Winter… Players will receive personalized instruction and will develop their fundamental lacrosse skills. Pre game warm ups will include, drills, fun challenges. Fall/Winter Scrimmages may require travel to Opposing School. Bring all lacrosse equipment: (Stick, Helmet, Gloves, Arm Pads, Shoulder Pads, athletic supporter and Cup) U.S. Lacrosse Membership is **Mandatory for Fall and Winter.**

ENROLLMENT APPLICATION AND INSURANCE WAIVER
I/we the parents of the above named child hereby release, absolve, indemnify and hold harmless the Saddleback Unified School District, Brendan Finnerty and /or his coaching staff and coordination staff for any injuries or damages the he/she may receive or cause as a result from activities during the above mentioned clinic. I/we assume all risks and hazards incidental to the conduct of the activities and hereby acknowledge that my child is **covered under our personal family health care plan and if participant is a US Lacrosse member, by Bollinger, Inc with Markel Insurance Company.**

Signature: _____Date: _____
Print Name/Relationship: _____
Insurance Carrier:_____Policy #: _____
US Lacrosse Membership #: _____