



# 2010 Camp Registration Form

Mail this completed form to: Fastbreak Lacrosse Camp, PO Box 1584, Williamsville NY 14231-1584, or fax to: (716) 636-1405

The following information must be filled out **completely** and **signed**. If any information is missing, **all paperwork will be returned**. If you have questions, please visit [fastbreakwny.com](http://fastbreakwny.com) or contact us at (716) 636-1152.

## Registration Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - Age: \_\_\_\_\_ DOB: / /

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work#: ( ) - Mobile: ( ) -

Father's Work#: ( ) - Mobile: ( ) -

Primary E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

Coach: \_\_\_\_\_ Grade (Sept '10): \_\_\_\_\_ Years of Lax Experience: \_\_\_\_\_

Are you a US Lax member?  Yes  No If yes, ID: \_\_\_\_\_

Position:  Attack  Mid  Long-pole Mid  Defense  Goal

## Insurance Information (please write legibly)

Do you have health insurance?  Yes  No

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

ID or Contract Number: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Complete and sign the following waivers in their entirety. In the event of any missing information, all paperwork will be returned.**

**Photograph, Media and Video Waiver**

I hereby consent that photographs or video of my child, **(print camper's full name)** \_\_\_\_\_, may be taken or used by Fastbreak Lacrosse Camp of WNY & the Amherst Central School District for public relations, educational or other purposes consistent with the purpose and mission of Fastbreak Lacrosse Camp. I further agree that said materials shall become the property of Fastbreak Lacrosse Camp, and I hereby release and discharge Fastbreak Lacrosse Camp, its representatives and the Amherst Central School District from any and all claims that may arise by reason of taking said photographs or video.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Treatment Waiver**

I hereby authorize that my minor son, name written above, may receive clinical care that may include routine diagnostic procedures (i.e., x-rays, blood, urine test) and medical treatment as necessary. I understand that the consent and authorization herein granted does not include surgical procedures and are valid only during camp. If my son has any physical conditions that a clinician should be aware of (allergies, recurring illness, disabilities, chronic illness, etc.) **I must turn in written notification to the training staff during the camp registration. I understand that this is my responsibility.** In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for my son to receive the proper treatment and medical services to perform any necessary emergency procedures.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Liability Waiver**

During the week of camp my son will be involved in contact activities that are a part of the game of lacrosse. I assume all foregoing risk & accept personal responsibility for any damages following such injury, permanent disability or death. I am also hereby waiving and releasing Fastbreak Lacrosse Camp, its directors, all staff and Amherst Central School District from any and all liability for injuries incurred by my child while attending camp.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Payment Options

Ensure that all checks are made payable to **Fastbreak Lacrosse Camp**.  
Please include full payment or deposit when mailing to receive the selected offer.

Check **one** of the following:

#### Boys (ages 8-18)

**\$100** Deposit (non-refundable)

**\$215** Full Payment

**Family Package 1** (2 campers)

- **\$200** deposit, **\$400** full payment (a savings of **\$30!**)

**Family Package 2** (3 campers)

- Before June 1<sup>st</sup>: **\$400** deposit, **\$575** full payment (a savings of **\$70!**)
- On or after June 1<sup>st</sup>: **\$400** deposit, **\$595** full payment (a savings of **\$50!**)

**Group Package 1** (7 campers)

- **\$1400** full payment (a savings of **\$105!**)

**Group Package 2** (10 campers)

- **\$1900** full payment (a savings of **\$250!**)

#### Youth (ages 4-7)

**\$50** Deposit (non-refundable)

**\$100** Full Payment (**\$90** before June 1<sup>st</sup>)

**Youth Package** (2 campers)

- Before June 1<sup>st</sup>: **\$170** full payment (a savings of **\$30!**)
- On or after June 1<sup>st</sup>: **\$180** full payment (a savings of **\$20!**)

Before mailing, please review all information above and ensure that you have completed the entire **registration area, insurance information, signed all waivers, and included payment**. Thank you for your time and see you at camp!

#### For Office Use Only

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Deposit  Full Payment

Check No. \_\_\_\_\_ Balance Due: \_\_\_\_\_

Balance Paid In:  Cash  Check Check No. (if applicable) \_\_\_\_\_