

2017

**ALGONQUIN GIRLS
VARSITY LACROSSE
APRIL VACATION
YOUTH MINI-CAMP**



*Calling ALL lacrosse players in grades 3-8!
The ARHS Girls Lacrosse Team and Coaches
are holding a mini-camp during April vacation!*

April 17–18th (Monday & Tuesday)

9am–12pm

at Algonquin Regional High School

RAIN or SHINE

HIGHLIGHTS INCLUDE:

- * Semi-private and group coaching!**
- * Big Sister / Little Sister partnering with a Varsity Player!**
- * Fun & Games mixed with Skills & Drills!**
- * Player and Camper mixed Scrimmage Games!**
- * Q&As with the players and coaches!**
- * and more!**



\$65 /first player

\$55/additional players

\$175 /family maximum

Registration and waiver on next page.

Questions?:

Email ARHSIaxminicamp@yahoo.com

REGISTRATION

Make checks payable to:

Algonquin Athletic Boosters/Girls Lacrosse

Mail check and this form to:

ARHS Girls Lacrosse

79 Bartlett St., Northborough, MA 01532

Player First name: _____

Player Last name: _____

Parent/Guardian: First name _____

Parent/Guardian: Last name: _____

Address: _____

City: _____ **Zip code:** _____

Home Phone: _____ **Cell Phone #:** _____

Email address: _____

Player age: _____ **Player grade:** _____ **Registered for youth lacrosse: (Y/N)** _____

If Y, which program and age group: _____

WAIVER

I represent that I am the parent and/or legal guardian of the child named above and hereby give my permission for my child to participate in any and all activities at the 2017 ARHS Girls Mini-Camp. I agree to assume all risks associated with my child's participation in the Camp including but not limited to, risk of bodily injury, death, and/or property damage. In consideration of my child being permitted to participate in the Camp, I agree to release, indemnify, and hold harmless Algonquin Regional High School, it's directors, coaches, employees, students, and volunteers, from any and all claims that I or any third party might have as a result of my child's participation in the Camp. I give my consent for my child to receive emergency medical treatment in the event that my child becomes ill or is involved in an accident during the Camp. I understand that I will be notified at the emergency telephone number provided on this form in the event of an emergency involving my child.

Signature: _____ **Date:** _____

Emergency contact name _____

Phone No.: _____

Girls Lacrosse Number (if you have one) _____

Medical Treatment Authorization

I hereby authorize the staff of Algonquin LAX mini camp to provide medical care that includes routine medical treatment as necessary to my minor son/daughter.

Signature: _____ **Date:** _____

Physical/Health conditions (allergies, illnesses, disabilities, chronic illnesses, etc.)

Name of family physician _____ **Phone:** _____