

BOMBER GIRLS' LACROSSE CAMP REGISTRATION FORM

Athlete's Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Grade (fall of '21): _____

Emergency Contact Information:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Hospital Preference: _____

Allergy Information: _____

Limitations/restrictions: _____

Medications: _____

Bomber Lacrosse Camp Information:

Ages: rising 7th-8th girls & rising 9th-12th grade girls

Dates: Monday, June 7th - Thursday, June 10th

Time: 4:00pm-6:00pm

Location: John Burroughs Field Hockey Field (Clayton Road entrance)

Cost: \$120 (checks payable to John Burroughs School)

Players will need a stick, mouth guard, goggles and water bottle

Questions? Please email: Meghan DiGiulio (mdigiulio@jburroughs.org)

****Please send registration form and check (make check payable to John Burroughs School) to Meghan DiGiulio: 755 South Price Road, St. Louis, MO 63124.**

We (I), hereby request that you accept the application for enrollment of _____ in the Bomber Lacrosse Camp during the dates set forth in this application. We (I) hereby release, John Burroughs School and employees, from all claims as a result of any injuries, which may be sustained by my child while attending the Bomber Lacrosse Camp. We (I) hold JBS blameless for any claims, which may hereafter be presented by my child as a result of any such injuries.

We (I) authorize the employees of Bomber Lacrosse Camp to act for me using their best judgment in any situation requiring medical attention. We (I) know of no physical conditions, which might affect my child's ability to safely participate in the camp.

Parent/Guardian
Signature _____

Date _____