



(860)681-2925

**UNDER ARMOUR.**

# Summer Girls Lacrosse Skill Academy

## Registration Form

Name \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

\_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Medication/Special Instructions \_\_\_\_\_

\_\_\_\_\_

Position in lacrosse (if known) \_\_\_\_\_



### Payments:

- 1 Session: \$15.00
- 4 Sessions: \$50.00

*Walk Ins will be accepted on the day of the event.  
Safe pay through Pay pal is set up through elite sports website.*

### Mail Check and Registration form to:

Elite Sports  
P.O. BOX 2852  
Meriden, CT 06450

**Email: Camp Director Matt Shea**

[Matt.Shea@elitesportsevents.com](mailto:Matt.Shea@elitesportsevents.com) with any questions/comments

### Please Circle

Developmental (Tuesdays)                      Elite (Thursdays)

By signing below I release Elite Sports Events LLC, Elite Sports Camps LLC, Under Armour, Jason Riccitelli, camp directors, camp coaches or any event facility/location, owner, employee, and/or affiliate from all present and future claims that may be made by the participant, me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising from participation in any Elite Sports Events LLC events, program, or activities. I hereby authorize camp directors to act on my behalf in their best judgment in any emergency medical situation. I am the Parent/Guardian of the participant, and I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I give Elite Sports Events permission to photograph, video, and/or record myself or my child to use for promotional and/or advertising purposes. I am also taking on full responsibility for all financial obligations associated with the program listed above and understand there will be no refunds. I understand I am solely responsible for payment of any such medical expenses. I understand that my payment is non-refundable, non-transferable under any circumstances, including injuries sustained, conflict of schedule and illness. Also products cannot be given in lieu of any refunds. I also understand that any camper who does not abide by camp facility rules or regulations is subject to dismissal without refund or recourse.

**Print Name:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

