

# 2008 Fastbreak Youth Camp Registration Form

Return to: Fastbreak Lacrosse Camp, PO Box 1584, Williamsville NY 14231-1584

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 our website fastbreakwny.com or contact us at (716) 636-1152.

Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_

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

City \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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

Mother's W# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ C# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's W# (\_\_\_\_\_) \_\_\_\_\_ - - \_\_\_\_\_ C# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Primary Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

School \_\_\_\_\_ (School District) \_\_\_\_\_

(Coach) \_\_\_\_\_ Grade (Sept. '08) \_\_\_\_\_ Years of Lax experience \_\_\_\_\_

Are you a member of US Lacrosse? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, ID# \_\_\_\_\_

Position: Attack \_\_\_\_\_ Midfield \_\_\_\_\_ Long Pole-Mid \_\_\_\_\_ Defense \_\_\_\_\_ Goal \_\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DEPOSIT \_\_\_\_\_ FULL \_\_\_\_\_ CHECK# \_\_\_\_\_

BALANCE OWED \_\_\_\_\_ BALANCE PAID IN: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

**INSURANCE INFORMATION:** Please fill in all information neatly. Thank you.

Do you have health insurance? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Person & Phone #'s \_\_\_\_\_

H# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ W# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ C# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Address \_\_\_\_\_

Identification or Contract numbers \_\_\_\_\_

Group Number \_\_\_\_\_

The following information **MUST** be filled out completely and **SIGNED**. If any information is missing all paperwork will be returned.

**PHOTOGRAPH, MEDIA & VIDEO AUTHORIZATION:**

I hereby consent that photographs or video tapes of my child,

(Print your son or daughter's full name) \_\_\_\_\_, may be taken or used by the Fastbreak Lacrosse Camp of WNY & the Sweet Home Central School District for public relations, educational or other purposes consistent with the purpose and mission of the Fastbreak Lacrosse Camp. I further agree that said materials shall become the property of the Fastbreak Lacrosse Camp, and I hereby release and discharge the Fastbreak Lacrosse Camp, its representatives and the Sweet Home Central School District from any and all claims that may arise by reason of taking said photographs or pictures.

Parent/Guardian Signature \_\_\_\_\_ (Date) \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION:**

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 the Fast Break Lacrosse Camp, its Directors, all staff and the Sweet Home Central School District from any and all liability for injuries incurred by my child while attending camp.

Parent/Guardian Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Make sure that all checks are made payable to the **Fastbreak Lacrosse Camp**.  
Please include full payment or deposit when mailing to receive this special offer.

**PAYMENT OPTIONS:**

- \_\_\_\_\_ \$35 - Deposit – Final Payment is due the first day camp at registration (non-refundable)
- \_\_\_\_\_ \$60 - Before February 15<sup>th</sup>
- \_\_\_\_\_ \$75 - Before June 1<sup>st</sup>
- \_\_\_\_\_ \$85 - On or After June 1<sup>st</sup>

**Mail to: Fastbreak Lacrosse Camp, PO Box 1584, Williamsville NY 14231-1584**

**Please recheck all information above. Before mailing, please make sure that you...  
Fill in the entire REGISTRATION FORM, INSURANCE INFORMATION, SIGNED ALL WAIVERS  
& INCLUDED YOUR FULL PAYMENT.  
Again, we thank you for your time.**