

Player Name: _____

Age: _____

Address: _____

School: _____

USA Lacrosse # _____

Parent Information:

Name: _____

Phone Number: _____

Please list any allergies and any other condition that would affect the participant's ability to safely participate in camp: _____

I hereby authorize the directors, doctors, nurses, and physical assistants, and members of the DV Boys Youth Clinic to examine, interview, test, and treat my child as they deem advisable, and disclose such information to other responsible officials as necessary. I will be responsible for any medical charges in connection with his attendance at camp. I have read and agree with the rules and regulations of the DV Youth Lacrosse Camp

NAME _____

DATE: _____ Relationship _____

Camp Staff Includes:

DVHS & DVMS Coaching Staff

DVHS Boys Lacrosse Players

**All Players need an active USA
Lacrosse membership!!**

What to Bring:

Water/Gatorade

Players need to be properly equipped for this clinic.

All Players must have a helmet, mouth-piece, shoulder pads, arm pads, gloves, and a stick.

Goalies need to be equipped with a helmet, mouth piece, throat guard, chest protector, and stick.

If you are a NEW Player:

Bring a stick or you can borrow a stick. New players will learn about the game and how to use their lacrosse stick. Players new to lacrosse will not need full equipment to participate.

In addition to great instruction, players will receive a t-shirt and raffled prizes on the last day!

Cost: \$ 65, each additional sibling \$40

Checks or Cash accepted.

Checks payable to DV Boys Lax BC

Delaware Valley Boys Lacrosse Youth Clinic

When:

**July 5th, 6th, 7th
9:00—12:00**

Who:

Boys K—8th

Where:

Warrior Stadium

**Return registration to
DVHS**

**c/o Jeff Krasulski
256 Rte 6 & 209
Milford, PA 18337**

**Contact Coach K
KrasulskiJ@dvsd.org
For more information**