

## Ultimate Orange Lacrosse "Girls Lacrosse Clinic" Registration PO BOX 764 BETHEL CT. 06801

INSTRUCTIONS: PRINT, FILL-OUT, AND SEND TO ULTIMATE ORANGE LACROSSE AT ABOVE ADDRESS

NAME (PLEASE PRINT)		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
GRADE (September 2016): PRICE INCLUDES "ULTIMATE ORANG	EMAIL:	(Required For Confirmation)
GAME JERSEY		POSITION: (CIRCLE ONE)
HEIGHT: WEIG	HT:	ATTACK MIDFIELD DEFENSE GOALIE
YEARS PLAYED: SHIRT	SIZE:	PHONE:
Waiver Release: My child is in good health and has my full pe pate in a vigorous lacrosse program. My chil- sickness, illness, disease or bodily injury that participation. I fully understand that lacrosse and that physical injury may occur during the and games. In the event that I cannot be reac permission for such medical procedures as ma sary by an examining physician. I also under Orange Lacrosse, LLC, is not responsible for sonal items.	d has no previous is contradictory to is a contact sport course of practice shed I give my full ay be deemed neces- stand that Ultimate	PLEASE MAKE CHECKS PAYABLE TO: ULTIMATE ORANGE LACROSSE PO BOX 764 BETHEL CT. 06801
PARENT/GUARDIAN SIGNATURE:		DATE:
HEALTH INSURANCE:	AC	DATE:
ARE YOU A MEMBER OF U.S. LACROSS	SE? (PLEASE CIRC	CLE) Y N I.D. #
PAYMENT INFORM Fees are non-refundable and must be paid in f All payments are final, unless cancellation is gency. A note from a medical physician is red be applied to a future Ultimate Orange camp be sent via e-mail within one week of the date Legible e-mail address information is required PAYMENT ENCLOSED:	full at the time of regi due to a health related puired and initial payr or clinic. Confirmation the application is reco	ed emer- yment will tions will (Rain Date July 9)

EMAIL: matt@ultimateorangelacrosse.com