

# Red Devil Lacrosse

## Prospect Camp

**For Boys – rising seniors + juniors (2017 + 2018)**

**Monday, June 27 – Wednesday, June 29**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell#: \_\_\_\_\_

High School: \_\_\_\_\_

Position: \_\_\_\_\_

GPA: \_\_\_\_\_

SAT: \_\_\_\_\_

Intended Major: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_

Cost = \$295

Please make check payable to Big Time Lacrosse  
and return with the attached waiver to the following address:

Big Time Lacrosse  
Po Box 1403  
Carlisle, Pa. 17013

# Red Devil Lacrosse

## PARENTAL RELEASE FORM

I, \_\_\_\_\_, give permission for  
\_\_\_\_\_ to attend and participate in the Red Devil  
Lacrosse Prospect Camp.

I authorize the Red Devil Lacrosse Staff to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve potential for injury.
2. Agree not to hold the staff responsible for any injury sustained during camp participation.
3. Agree not to bring suit against the Red Devil Lacrosse staff or Dickinson College for any injury sustained.
5. Agree to allow the Red Devil Lacrosse staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions made by the Red Devil Lacrosse staff in terminating participation due to any unacceptable behavior.

### Emergency Contact Information

Day Time Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Parent Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (day) \_\_\_\_\_ Evening \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)