

2010 DENVER GIRLS SUMMER LACROSSE CAMP*
REGISTRATION FORM

JULY 26-29, 2010
9AM-12PM
ROBINSON PARK, DENVER, CO

MAIL TO: 920 PEARL STREET, DENVER, CO 80203

NAME: _____

GRADE: _____ AGE: _____

SCHOOL: _____

CURRENT TEAM: _____

POSITION: _____

T-SHIRT SIZE: _____ (YOUTH/ADULT)

EMAIL: _____

PARENT(S)/GUARDIAN(S): _____

EMERGENCY CONTACT (NAME AND PHONE NUMBER):

MAKE \$150 CHECK PAYABLE TO DENVER GIRLS LACROSSE CAMP LLC

PARENTAL PERMISSION AND FULL RELEASE

I (we) am (are) the parent(s) or legal guardian(s) of _____.

I (we) hereby authorize and permit our daughter to participate fully in the 2010 Denver Girls Summer Lacrosse Camp. I (we), the undersigned, for ourselves, our heirs, executors and administrators, forever waive, release and agree to hold harmless Denver Girls Lacrosse Camp LLC, and its staff, employees and representatives, from all rights and claims for damage, injuries or loss of or to person or property which may be sustained during participation in the Camp, whether or not such damage, injury or loss is due to negligence.

SIGN: _____

DATE: _____

* Denver Girls Summer Lacrosse Camp is owned and operated by Denver Girls Lacrosse Camp LLC