



North Allegheny Girls Lacrosse Mini Camp



Open to All Girls who are going into Grades 4-9 - All Skill Levels - Beginner to Advanced

NEWMAN STADIUM

Monday, July 17 5-8 p.m.

Tuesday, July 18 5-8 p.m.

Wednesday, July 19 5-8 p.m.

Thursday, July 20 5-8 p.m.

Instructors: NA Coaches and JV/Varsity

Only \$75 for 4 nights!

12 HOURS OF INSTRUCTION AND PLAY

Must Register by June 30th

Meet and Play with the High School Team!



Bring your stick, goggles, mouth guard and water

No Stick? No Problem!

We have some extra sticks if needed, but campers must provide their own goggles and mouth guard.

To complete your registration, send us the following by Friday, June 30:

- > Camp Application Form
- > Release and Waiver Form
- > Check for \$75 payable to NAGLA (Tshirt is included!)

For questions, send email to barton592@verizon.net

Check out our website at www.naglax.weebly.com

This program, event and organization is not sponsored or sanctioned by the North Allegheny School District.

NA Girls Lacrosse 2017 Mini Camp Application

I attend _____ School E-mail Address: _____

Player's Last Name First Name Nickname

Address City Zip Code Phone (Home)

Date of Birth (Month/Day/Year) Age Grade Completed by July 2017 Emergency Name/Cell Phone

Request to be placed with: _____
Name(s) of up to 2 friends (optional)

Father's Name/Phone _____ Mother's Name/Phone _____

CIRCLE T-SHIRT SIZE (Included): Youth: S-6/8 M-10/12 L-14/16 or Adult: S M L XL
LACROSSE STICK: Check Here ___ if you need to borrow a lacrosse stick (first come basis).
All orders MUST be received by June 30, 2017, to guarantee your t-shirt.

CAMP PARTICIPATION

In order to participate in the Camp, the Medical Release on this page as well as the "Release and Waiver" form must be completed and signed. Additionally, all campers must provide their own goggles and mouth guard, and wear goggles and a mouth guard during all camp activities.

MEDICAL AUTHORIZATION

Allergies or Medical History we should be made aware (include medications)

To whom it may concern: If neither parent can be contacted in the case of injury or illness, I hereby authorize representatives of the North Allegheny Girls Lacrosse Association Boosters to act as my agent to secure medical treatment for _____ a minor child for whom I am responsible, at the nearest hospital, when in the opinion of the representatives, such emergency medical treatment is deemed appropriate during the time when my child is engaged in the camp activity. I hereby agree to hold the NA Girls Lacrosse Association and its Boosters and representatives harmless for exercising its judgment in authorizing such emergency treatment and said representatives are specifically authorized to sign any required medical emergency hospital treatment form on my behalf.

Parent/Guardian Signature Date

Family Physician Phone Number

Mail both forms and your \$75 check to:
NA Girls Lacrosse Association Boosters,
c/o Arlene Buzard 1723 Dawn Dr., Sewickley, PA 15143
Refunds are at the discretion of the NAGLA Boosters Board and may be given on an individual basis minus costs incurred.

North Allegheny Girls Lacrosse Association
Boosters

**RELEASE AND WAIVER OF LIABILITY FOR MINORS &
ADULTS**

**PERMISSION BY PARENT/GUARDIAN & PHOTOGRAPHIC RELEASE
READ CAREFULLY-THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR
RIGHTS**

For North Allegheny Girls Lacrosse Mini Camp, July 17-20, 2017

Release and waiver-I, the undersigned camper, volunteer and/or parent/guardian of camper or volunteer, do hereby agree to release, discharge, forever hold harmless, and indemnify North Allegheny Girls Lacrosse Association Boosters ("the organization"), its officers, directors, board members, employees and agents from and for any liability for any and all conduct, whether intentional or unintentional, and whether negligent or otherwise, that results in damages or injury of whatever kind, including damages as a result of personal injury, bodily harm, death, and property damage, and including but not limited to damages resulting from the use of first aid, treatment or service to an injured camper or volunteer, and the conduct of other campers, volunteers and/or third parties. I recognize that camper and/or volunteer is being provided with the opportunity to engage in skills camp activity for my community and/or gain community service hours for my team and non-profit organization, as well as other good and valuable consideration, in exchange for this release and waiver of liability. This release and waiver is intended to be construed as broadly as possible. If one provision is found unenforceable the remaining provisions remain in full force and effect.

Assumption of Risk-Camper and/or volunteer understands and assumes the risk of potential injury from engaging in camp activity, including but not limited to the risk of injury, bodily harm, illness or death, that may or may not be inherent in the work performed for the organization. The camper and/or volunteer may be exposed to harm from physical labor, dangerous conditions, whether inherent to the activity or not, or other circumstances that may result in injury. The organization does not maintain or carry health insurance for its campers or volunteers. The organization does not assume any financial liability, responsibility, or obligation for or to provide assistance with expenses, damages, injury, medical payments, health payments or disability payments.

Photographic Release-Camper and/or volunteer and/or parent/guardian do hereby consent that camper's and/or volunteer's photograph may be taken or their image may be digitally or otherwise recorded while engaging in camp activities and do hereby grant and convey to organization all the right, title and interest of any images so made on authorization by the organization, including the right to any royalties, proceeds or other benefits of such photograph or recorded image.

Executed this ____ day of _____, 2017, acknowledging my agreement and understanding:

Camper, Volunteer Name

Parent/Guardian Name (Required)

Camper, Volunteer Signature

Parent/Guardian Signature (Required)