

East Meets West Lacrosse Camp Fill-In Registration

Use your mouse to highlight the gray boxes and enter text. An answer must be provided for each question in order for your registration to be accepted. Use "n/a" in areas that do not apply to you.

Camper Information

First Name: Last Name: Date of Birth (mm/dd/yy) Age
Position US Lacrosse Membership # Tee Shirt Size
Home Address City ST. CA Zip
Residents enter **ONE** roommate request (multiply names will not be honored)

Parent/Guardian Information

Parents First Names Last Name
Home Phone (include area cod) Cell Phone Work Phone
Alternate Emergency Contact (friend/relative) Phone
Parents Email **Required** Campers Email

Medical Information

Insurance Carrier Subscriber's Name
Group/Policy # Family Dr. Dr.'s Phone
Camper's Current Medications/Allergies

Insurance Waiver & Release of Liability

MEDICAL ATTENTION: I/We hereby give our consent to the East Meets West Lacrosse Camp Personnel to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my participation in sponsored lacrosse activities.

WAIVER & RELEASE OF LIABILITY: I/We are fully aware of and appreciate the risks associated with participation in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and loss. I/We further agree on behalf of myself, my heirs, and personal representatives, that East Meet West Lacrosse Camp, its directors, coaches, volunteers, employees, agents, and the Regents of the University of California, its officers, staff, and agents shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event. Entering our names below is our acknowledgement that we have read and understood every provision of this Waiver and Release of Liability, and that we agree to abide by it.

As agreed to by acknowledging online from web site, www.emwlacrosse.com

Camper Sign

Parent/Guardian Sign

Payment Information

Please fill in appropriate Camp Fee

Enter Camp Session Desired & Fee Due

Camp Fee Due (enter \$ amount)

Optional Camp Store Account (San Diego Camps Only)

Total Amount Due or Charged to Credit Card \$

Mail completed application to:
East Meets West Lacrosse
P. O. Box 910001
San Diego, CA 92191-0001



We Accept Checks,
(payable to East Meets West Lacrosse)
Visa or MasterCard

Card Number

Cardholder Name

3 digit security code from back

Card Expiration Date MM/YY
(enter month & 2 digit year, must be after 8/8/06)

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