

Southern Lacrosse Camp Registration

Camper's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Camper's Email: _____
Parent's Email: _____
Parent's/Guardian's Names: _____
Home Phone Number: _____ Mother's Cell: _____
Father's Cell: _____ Camper's Cell: _____
Camper's Age: _____ Birth date: _____ Grade in the fall of '09 _____
Height: _____ Weight: _____ Position(s): _____
T-shirt Size: _____ Short Size: _____ # of Years Playing experience: _____
Name of School Camper attends: _____
Name of Club Team Camper plays for (if any): _____
Roommate Request (1): _____ Roommate Request (2): _____
Other Campers/Schools to be grouped with: _____
Will the Camper be a Resident (Overnight) Camper? _____
Will the Camper be Flying to Camp? Yes ___ No ___

To fully register for Camp and to secure the camper's spot, fill out all three forms and mail them in ***along with a non-refundable deposit check of \$100 (or the full payment if you would prefer)*** to the address below.

Full Cost of Residential (Overnight) Camp: \$450.00
Full Cost of Non-Resident (Non-Overnight) Camp: \$360.00

The total cost of each overnight boy's camp includes 3 nights of lodging in supervised college dormitories, 3 meals each full day in the college cafeteria, instruction, camp shorts, T-shirt, and reversible jersey.

Camp Check-in will be Saturday June 6 from 11 am – 2 pm (follow signs once on campus).
Check out will be Tuesday June 9 at 12 pm.

Full Payment is due upon your arrival to camp but we prefer that it is received before camp begins. **Additional camp information will be mailed to you upon receipt of application and deposit.** For further questions contact Camp Director Andy Bonasera via email: abonaser@bsc.edu or phone: (205) 240-6754.

Make checks payable to: "Andy Bonasera's BSC Lax Camp"

Mail Forms and Check to: Coach Andy Bonasera
Birmingham-Southern College
Box 549035
Birmingham, AL. 35254

___ **Included is the \$100 deposit check**
or
___ **Full payment in the amount of \$_____.**

Medical Consent

Camper's full name: _____

Birthdate: _____ Parent/Guardian Name: _____

Does the Camper have any food or drug allergies? Yes___ No___

If Yes, please list and explain: _____

Does the Camper have any known disease, physical disability, or reoccurring illness that may affect or impair camp participation? Yes___ No___

If Yes please list and explain: _____

In Case of Emergency, Contact: _____

Relation to Camper: _____ Contact Number: _____

Insurance Company Covering Camper: _____

Policy Number : _____ Company's Phone #: _____

Policy Holder: _____

Special Insurance Instructions? _____

I hereby certify that I am the parent or legal guardian of the camper. I hereby give permission during the period of the Camp for the staff of the Camp to seek appropriate medical attention for the camper in the event of accident, injury, or illness. I will be responsible for any and all costs of the medical attention and treatment. I understand that, as with any sport, injuries can occur and that my child is physically fit and mentally capable of participating in the activities of this camp. I represent that I have sought the opinion of our child's physician, (physician's name) _____, and he/she concurs that (camper's name) _____ is fully capable of safely engaging in the camp's activities.

I undersigned, for myself, my heirs, executors and administrators, waive, release and forever discharge Southern Lacrosse Camps, Birmingham Southern College and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

I further grant the Southern Lacrosse Camps, their respective successors and assigns on behalf of my child and myself the permanent, worldwide, royalty free right to use, including the right of sale for the benefit of the Southern Lacrosse Camps, my child's voice, image and likeness in any media related to my child's performance in any events conducted by the Southern Lacrosse Camps, regardless of the manner in which my child is portrayed, including without limitation a video tape recording, without any compensation to me, my child or the personal representatives, assigns, heirs, dependents, spouse and relatives of me and/or my child.

Parent/Guardian Signature: _____ Date: _____

MEDICAL AUTHORIZATION

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Southern Lacrosse Camps to hospitalize, secure proper treatment for, or to order injection, anesthesia, or surgery for the camper named above.

Parent/Guardian Signature: _____ Date: _____

CAMPER CODE OF CONDUCT

I _____ (insert Camper's name) agree to the following:

- I will be responsible for appropriate behavior at all times.
- I will not use drugs or alcohol.
- I agree to follow camp policies, rules and regulations.
- I agree to be respectful and refrain from inappropriate language.
- I agree to resolve any conflicts in an appropriate manner, discussing conflicts with Camp staff, if necessary.
- I agree to dress appropriately, refraining from clothing, which displays inappropriate language or symbols.
- I will be honest and respectful (of my peers, my camp staff, and myself).
- I will not act violently toward any camper or staff member.
- I will not steal or destroy property belonging to Southern Lacrosse Camps, Birmingham Sothern College, other campers or staff members.
- I will stay within camp boundaries.
- I finally agree that if, in the sole discretion of the Camp Director, I have violated any of the above rules, I may be discharged from camp without warning or chance of any refund.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____