



*Perry Hall Boys Lacrosse Summer Camp
Sportsmanship, Skills, and Fun - Ages 6-10*

Last Name _____ First Name _____ Parent Email _____

Street Address _____

Town or City _____ State ____ Zip _____

Telephone() _____ Left-handed / Right-Handed _____

Favorite Lacrosse Position(s) _____

*Summer Camp will commence Wednesday June 17, 2009 and run through July 22, 2009
This will be a structured, but fun time to work on fundamentals, and full field play. A must
be there for those players who wish to keep their stick skills at the top of their game. This
camp is flexible enough to adapt to all caliber of players that sign up, including the beginners
who want to test drive the speed and excitement of Lacrosse.*

Tentative Schedule: Thursdays throughout the summer

- Warm-ups*
- Skills and Fundamentals*
- Shooting Skill games*
- Sportsmanship Games*
- Full Field Scrimmages*

Times: 6:30pm - 8:30pm

*Please return this form with the \$20 fee. All equipment that has been provided by PHRC will
remain the responsibility of the players who originally signed the equipment out. The refund
will be held until the Summer Camp has concluded, Aug 7, 2008. Mail to: Dennis Sullivan,
Perry Hall Summer Lacrosse Camp, 10016 Gun Ridge Circle, Kingsville, MD 21087. Make Checks
Payable To: "Dennis Sullivan"*

PARENTAL STATEMENT:

*I hereby verify that my child is physically fit to play the contact sport of Lacrosse. /
understand that it is my responsibility, or another appointed adult, to be present during the
entire Camp event. In addition, I authorize any emergency treatment deemed necessary for
my child, in my absence, to be administered by the camp staff and agree not to hold the
Baltimore County Dept. of Recreation, the coaches, or the Perry Hall Boys Lacrosse Camp staff
liable for any injuries.*

Parent Signature: _____ Date _____

MEDICAL CONSENT FORM

Players Name _____ Social Sec.# _____

Birthdate _____

If an emergency arises, list two people who can be notified:

Name _____ Name _____

Relationship _____ Relationship _____

Phone: Home () _____ Phone: Home () _____

Phone: Work () _____ Phone: Work () _____

Phone: Mobile () _____ Phone: Mobile () _____

Does the applicant have any known allergies to food or medication?

Yes No

If yes, please list the foods and/or drugs:

Does the applicant have any ongoing disease, physical disability or recurring illness that may affect or impair participation in the Perry Hall Boys Lacrosse Camp?

Yes No

If yes, please attach a physician's note describing the disability and specific limitation for participation.

Is the applicant covered by medical insurance?

Yes No

If yes, please list the following:

Name of Insurance Company: _____ Policy # _____

Address _____ Phone () _____

PARENTAL CONSENT FOR TREATMENT OF MINORS IN CASE OF ILLNESS OR ACCIDENT

–Please mail in advance with pre-registration form and checks–

*Parental permission must be obtained before medical treatment can be rendered to a person under 18 years of age. The following consent form should be read and signed by a parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, they should cross out the word "give" on the form below and insert the word "refuse". If the form is not signed, it will be interpreted as a refusal of permission. Please note that your child may **not** participate in the Perry Hall Boys Lacrosse Camp until we receive the signed Parent Consent form.*

I GIVE PERMISSION TO THE PERRY HALL BOYS LACROSSE CAMP STAFF TO ADMINISTER FIRST AIDE, DETERMINE THE NEED FOR AN AMBULANCE AND ALSO PERMIT SUCH PROCEDURES TO BE CARRIED OUT AT AND BY ONE OF THE LOCAL HOSPITALS IN THE EVENT THAT MY SON HAS BEEN SENT OR TAKEN THERE FOR EMERGENCY CARE.

SIGNED: _____ RELATIONSHIP _____

DATE _____