



**Huntsville Lacrosse Association Lacrosse Day Camp**  
**NCAA Division 1 College Head Coach Instruction**



**Huntsville Rugby Fields – June 7-10**

5282 Triana Blvd SW Huntsville AL 35805

**Day Camp – 9am to 3pm (Open to Boys Ages 8 -18)**

**\$295 (Campers Need to Bring Lunch Each Day)**

**Campers provide their own equipment**

**\*Lightning Lacrosse Camps will provide water**

**Director & Staff:**

**Andy Copelan – Div I Fairfield Univ. Head Coach & former Univ of Maryland Asst. Coach**



**Staff will also include Fairfield Univ./Univ. of Maryland players**

**Instruction Divided by Age/Skill Level**

Campers are divided up into different skill/age groups at camp to ensure that each camper is able to learn in a safe but competitive environment.

**Camp Highlights:**

**Free Reversible camp jersey • Discount to Inside Lacrosse Magazine •  
Daily Games/Contests • Low Camper : Coach Ratio • Prizes from Warrior/Brine**

Visit [www.LightningLax.com](http://www.LightningLax.com) to register online, or  
call 877-812-2219 for information/details

See Reverse Side for a Mail-In Registration Form

Lightning Lacrosse Camps Registration Form

**(please note that the separate health/release form should be brought to camp, not mailed in!)**

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ BirthDate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Camper Position: \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Camp: Huntsville Alabama / Fairfield Univ

**Day Camp:** Huntsville Alabama

Billing Information:

Parent or Guardian Name: \_\_\_\_\_

Address(if different than above) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Payment Options (check one): Credit Card \_\_\_\_\_ Check \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Two Ways to Pay for the Camp:

1. Check Here \_\_\_\_\_ If you wish to pay just a deposit of \$150 now. The remaining balance will be due on May 8<sup>th</sup>, 2010. Check Here \_\_\_\_\_ If you would like us to automatically charge your credit card # listed for the remaining balance on May 8<sup>th</sup>. If you choose not to check it, you will contacted prior to May 8<sup>th</sup> to pay the remaining balance by May 8<sup>th</sup>.
2. Check Here \_\_\_\_\_ If you wish to pay the full amount now.

Refund Policy: Lightning Lacrosse does not offer cash refunds. We instead issue you a camp credit in the event where you need to cancel your registration. The camp credit can be used for an entire year and may be transferred to a immediate family member.

Mailing Form:

Make Checks Payable to Lightning Lacrosse Camps

Mail In Address: Lightning Lacrosse Camps, 2125 Hyde St., San Francisco, CA 94109

## Lightning Lacrosse Camps Health and Release Forms (2 pages)

(please note that the health/release form should be brought to camp, not mailed in!)

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ BirthDate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician #: \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Identify any medical concerns below that we should be aware of:

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Identify any known medical or emotional illness, or disorder that could pose a risk to yourself or other campers:

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Is your camper taking any prescription medication? YES NO

If yes, please indicate the type here: \_\_\_\_\_

Is the camper capable of taking their own medication? YES NO If no, please see the trainer at check in.

Immunization Record:

Please indicate below the last time the camper had the following shots:

1. Hepatitis - Date \_\_\_\_\_
2. Measles - Date \_\_\_\_\_
3. Chicken Pox - Date \_\_\_\_\_

**Please bring these forms with you to Check In on the first day of camp/Do not mail in!**

Camper Waiver and Release  
Signature Required by Parent/Guardian for form to be valid

With regards to my child's involvement in Lightning Lacrosse Camps sponsored events and activities, I adhere the to following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event and sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Lightning Lacrosse Camps, along with coaches, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for injury, loss of life or other loss or damage occurring as a result of my camper's participation in the event or arising from travel to or from the event, whether said damages injury or loss are due to negligence or not.
2. Medical Attention: I hereby give my consent to Lightning Lacrosse Camps to provide, through a medical staff of its choice, customary medical athletic training attention, transportation and emergency medical services as warranted in the course of a child's participation in a Lightning Lacrosse Camp sponsored or sanctioned event.
3. I hereby authorize Lightning Lacrosse Camps to utilize in any promotional materials any photograph or video taken of my child while participating in any activity involving Lightning Lacrosse Camps. In addition, Lightning Lacrosse Camps is not responsible for personal items that are lost, stolen or damaged.
4. Refund Policy – I also understand and accept the Lightning Lacrosse Refund Policy

As the legal guardian of the camper, I hereby verify by my signature that I have read and fully understand each of the conditions under the Camper Waiver and Release document and I allow my child to participate in the Lightning Lacrosse Camps.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Information:

All campers at the Lightning Lacrosse Camps must be covered with insurance.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

**Please Bring this form with you to Check In on the first day of camp/Do not mail in!**