

2017 Cranford Girls Lacrosse Camp

SMB SPORTS LLC



GRADES: 2nd- incoming 9th

DATES: July 24th-July 27th (Rain or Shine)

Camp Director: Samantha Berk

Head Girls Lacrosse Coach Cranford High School

Location: Memorial Turf, 50 Myrtle St, Cranford, NJ 07016

Hours: 9:00 am-12:00 pm. Campers should bring a healthy snack!

Players Must Bring: Lacrosse Stick, Goggles, Mouth Guard, Water, Snack. Cleats should be worn on turf field. Bring sneakers in case we are indoors due to weather conditions.

Camp Fee: \$185; Please make check payable to *SMB SPORTS LLC*

Due Date: Forms/Check Due by July 1st, 2017

For Additional Information/Questions: Email Samantha Berk... berk@cranfordschools.org

Detach and Mail to: SMB SPORTS LLC, 25 Christopher Ave, Kendall Park, NJ 08824

Cranford Girls Lacrosse Camp Registration Form

Athletes Name/Age: _____ Athlete's Shirt Size(Circle One): Adult S, M, L, XL

Athlete's Grade (2017-18) _____ Athletes Lax Level (Circle One): Beginner Intermediate Advanced

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent Phone Number: _____

Parent Email: _____

Family Physician Name and Phone: _____

Medical Conditions (ex: asthma, allergies etc): _____

List 2 Emergency Contact Names with Phone Number:

1. _____ (____)____-____ 2. _____ (____)____-____

Accident Insurance Company: _____ Policy #: _____

I hereby certify that my daughter is in good physical health and may participate in all camp activities. I authorize the staff of SMB Sports LLC to act for me according to their best judgment in any emergency situation requiring medical attention. I hereby acknowledge that participation in this camp may result in accidents and/or injuries. Even though there are risks involved, I still give my approval for the above named player to participate in all camp activities. I expressly assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify and agree to hold harmless SMB Sports LLC, its staff, suppliers, participants and Cranford High School for any claim arising out of injury or illness to said player regardless of the cause.

Parent Signature: _____ Date: _____