



2018 Cranford Girls Lacrosse/Field Hockey Camp



SMB SPORTS LLC

DATES: July 23rd-July 26th (Rain or Shine)

GRADES: 2nd- incoming 9th

Camp Director: Samantha Berk

Head Girls Lacrosse/Field Hockey Coach, Cranford High School

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

Hours: Lacrosse Session: 9:00 am-11:30 pm

Lunch: 11:30am-12:00pm (For Combo Athletes ONLY. Athletes must provide their own packed lunch)

Field Hockey Session: 12:00 pm-2:30 pm

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

Camp Fee: \$175 for 1 Session; \$325 for BOTH Sessions (**SAVE \$25 when you sign up for both!!**)

Please make check payable to **SMB SPORTS LLC** and specify Lac, FH or Combo in notes

Due Date: Forms/Check due, Monday, July 9th, 2018 to guarantee your t-shirt!

For Additional Information/Questions: Email Samantha Berk...smbsportsLLC@gmail.com

Detach and Mail to: SMB SPORTS LLC, 66 Country Club Lane Scotch Plains, NJ 07076

Cranford Girls Lacrosse/Field Hockey Camp Registration Form

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

Session (Circle One): Lacrosse ONLY Field Hockey ONLY COMBO

Athlete's Grade (2018-19) _____ Athletes Level (Circle One): Beginner Intermediate Advanced

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

Parent/Guardian Name: _____ Parent Phone Number: (____)____-_____

Parent(s) Email: _____ , _____

Family Physician Name and Phone: _____

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

List 2 Emergency Contact Names with Phone Number (Different* from Guardians listed above):

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: _____