

Medical Information This form must be completed and sent at the time of registration.

The camp nurse/trainer should be notified of any changes on the first day of camp. Use an additional page as needed to explain any medical needs.

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

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

Policy #: \_\_\_\_\_

\_\_\_\_\_

Bring current medications and give them to the nurse/trainer on the first day of camp.

I permit the camper listed to receive over-the-counter medications as supervised by the camp nurse/trainer.

\_\_\_\_\_

Signature \_\_\_\_\_

**Permission for Action:**

It is understood that caution will be taken by the camp director and staff to prevent injury; however, injury sometimes occurs during camp. In the event of an accident none of the following shall be held responsible: Executive Director, nurse, counselors, staff and Summit Grove. In the event of an emergency where medical treatment is required, I give permission to the physician selected by the designated camp staff to hospitalize, secure treatment, to order injection, anesthesia or surgery for the camper. Please notify me in case of such an emergency. Any claim or dispute arising from or related to this agreement shall be settled by biblically based mediation and if necessary legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation a division of Peacemaker Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes except to enforce an arbitration decision. **Initial:** \_\_\_\_\_

I certify that the camper is in good physical condition and can participate in the camp program, I also give permission to contact the doctor listed.

Date \_\_\_\_\_ Signature \_\_\_\_\_



- US Lacrosse certified girls coach.
- Director/Coach of girls Skillz-Clinic.
- Over 22 years of LAX coaching experience
- Recognized as Coach of The Year numerous times in York county, Central PA, and Baltimore county, MD.
- 38 seasons as a head varsity coach in various sports
- 27 years of Sports Camp experience

This is Coach Russ LeBlanc's 11th year running Summit Grove Premier LAX camp, & his 6th year involved with the girls lax camp. He has years of experience as a head coach with the youth Warrior girls lacrosse program. Coach LeBlanc is passionate about teaching the game & skills of lacrosse. The camp is designed to challenge the beginner & the experienced player. Each camper will leave the camp more confident in her ability & with a stronger knowledge of the game. Through individual & group instruction, each camper will be encouraged to try new things, while emphasizing the fundamental skills needed to take her game to the next level.

Coach LeBlanc's coaching philosophy is "to provide a safe, fun, educational and challenging atmosphere for players in which they will grow in the game of lacrosse and in other areas of their life."

# GIRL'S PREMIER LAX DAY CAMP AGES 7-14

## JUNE 20-24, 2016

SUMMIT GROVE CAMP, NEW FREEDOM

[WWW.SUMMITGROVECAMP.ORG](http://WWW.SUMMITGROVECAMP.ORG)

*Continue the fun after your season is done.....*





## Camper Registration

Please fill out the registration form & send your non-refundable deposit of \$75.00 in CASH, or CHECK to Summit Grove Camp 140 South Front St. New Freedom, PA 17349 or to pay by CREDIT: call 717-235-3656

**Balance is due by June 20th, 2016**

Any refund requests must be made in writing by June 6, 2016

### Camper Information

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SPRING TEAM: \_\_\_\_\_

CHECK YOUR PREFERRED POSITIONS:

ATTACK \_\_\_\_\_ MIDFIELD \_\_\_\_\_

DEFENSE \_\_\_\_\_ GOALIE \_\_\_\_\_ NOT SURE \_\_\_\_\_

### Parent/Guardian Information

NAME: \_\_\_\_\_

ADD: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PRINT EMAIL: \_\_\_\_\_

# Summit Grove-Girl's

Ages 7-14

ALL LEVELS OF EXPERIENCE

WELCOMED!

Great start for the beginner player & specialized instruction for the seasoned player

-----<#) **COST: \$225.00** prior to May 20, 2016

After May 20th, Cost: \$245.00

Sibling-discount is \$20

### CAMP INCLUDES:

~reversible jersey

~water bottle

~hot lunch & snack

~instruction on basics of shooting, dodging, team defense, offensive movements, & individual stick improvement

~lead up games and scrimmages

~gaga pit and other fun activities

~swimming pool/free time

~daily raffle give aways



### Daily Camp Schedule

Time	Event	Location
9:00 AM	Check-In	SG Camp
9:10-10:40	Station Work	Field
10:50-11:25	Snack & Swim	SG Camp
11:35-12:10	Lunch	SG Camp
12:10-12:40	Free Time	SG Camp
12:40-1:00	Raffle/ChalkBoard Instruction	SG Camp
1:00-2:10	Position Instruction	Field
2:10-3:35	Lead-up Games & Game Play	Field
3:45-4:20	Swim	SG Camp
4:30 PM	PICK-UP	SG Camp



CAMP CONCLUDES WITH A GAME ON FRIDAY AFTERNOON TO SHOWCASE THEIR SKILLS IN FRONT OF FAMILY AND FRIENDS ...MARK YOUR CALENDAR!

-----<#) To Enroll: complete & mail in the Registration and Medical forms with deposit