

LACROSSE SPRING SDA CAMP 2010



VERONA LACROSSE CAMP @ HBW Field, Verona

Camp	Age	Price
Lacrosse Spring	8-14 yrs	\$99.00

26TH APRIL – 30TH APRIL

9.00am -12.00pm

Boys and girls ages 8 – 14

Location: HBW Field

Call SDA (973) 746-6887

www.Sports-Domain.com



Registration

INSTANT ONLINE REGISTRATION AND CONFIRMATION AVAILABLE AT: www.Sports-Domain.com

Mail registration to: 14 Depot Square, Montclair, New Jersey, 07042 Tel: (973) 746-6887 Fax: (973) 746-6854

Email: cjboeckel@aol.com Tel: (973) 746-6887

PARENT INFORMATION (PLEASE PRINT)

Name of Parent(s) _____

Street Address _____

Town _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

*Email _____

CONFIRMATION: YOU **MUST** PROVIDE AN EMAIL ADDRESS. THE CAMP CONFIRMATION AND ALL FURTHER INFORMATION WILL BE SENT VIA EMAIL

CAMP NAME: _____

PLAYER INFORMATION

Camp Place #	Last Name	First Name	D.O.B mm/dd/yr	Sex M/F	Price \$
1					
2					
3					

Camp Payment: \$100 deposit secures place. Balance due July, 1st 2010

Cancellation & Refund Policy: If any portion of a camp or program is cancelled due to inclement weather, a make-up will be scheduled for the lost time. If a make-up is unable to be scheduled, a pro-rated credit voucher will be issued. Sessions missed through illness will either be made up for the athlete or a credit voucher for the pro-rated value issued. **A cash refund will not be issued without legal cause.** A refund registration will incur an administration fee of \$25.00. Alternatively, a credit voucher for the full amount will be issued if desired. Returned checks will incur a \$25.00 fee

TOTAL

PAYMENT INFORMATION

Payment Method (Please select): Check Mastercard Visa Card Expires (mm/yr) _____ (We don't accept AMEX)

Credit Card # _____ Signature _____

WAIVER INFORMATION: I hereby release Sports Domain Academy (SDA) and Ashley's Soccer Camp (ASC) and any hosting organization from any and all claims and liability of any kind of personal injury or property due to participation in this program. I understand that participation includes physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any pre-existing medical or psychological conditions. If attention is required for illness or injury, I give permission to a staff member for such care. I give permission for my child to be photographed or videotaped while participating in camp activities and for all the resulting images to be used by SDA and ASC for promotional purposes. On a separate piece of paper, please indicate all known physical and mental conditions. Indicate if your child hasn't been immunized against diphtheria, tetanus, poliomyelitis, measles, pertussis, mumps and rubella in accordance with New Jersey State Law N.J.A.C. 8:57-4.

SIGNATURE

DATE