



7v7 Spring Play-Day @ LAFAYETTE COLLEGE

What: Brief instruction in the beginning, followed by a 7v7 competition. Each team will play five, 25 minute games. Teams are encouraged to register, although individual registrations will be accepted. Open to any and all participants.

Dates: Sunday, April 15th, 2012 1:30-6:00pm
 Saturday, May 5th, 2012 8:30-1:00pm
 Saturday, May 5th, 2012 1:30-6:00pm

Where: Rappolt Field, Metzgar Fields

Cost: \$350 per team OR \$50 per individual
 Checks payable to "True North FH LLC"

Send to: Jennifer Stone
 Lafayette College
 311 Kirby Sports Center
 Easton, PA 18042

Questions: Contact Jennifer Stone
stonej@lafayette.edu
 610-330-5793 (phone)



REGISTRATION FORM & PAYMENT

Name: _____ Age: _____
 I am registering as an: Individual _____ Team _____
 Session: Apr 15th _____ May 5th AM _____ May 5th PM _____
 Team Name: _____
 High School: _____ Class of: _____
 Club: _____ Position: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____

Enclosed is my payment of \$_____.

Please make checks payable to: "True North FH LLC"

Send to: Jennifer Stone, Lafayette College, Kirby Sports Center, Easton, PA 18042

MEDICAL/LIABILITY WAIVER

Please list any allergies and their treatment:

Please list any medical conditions or recent illnesses/injuries:

Please list any medications the athlete is currently taking. Indicate whether athlete will need to have medication administered during camp hours. If so, bring to athletic trainer.

I hereby certify that the applicant is in good physical condition to take part in the 7v7 Play-Day at Lafayette College. If medical attention is required for illness or injury while attending the clinic, I give my permission for such care and certify that the applicant is covered by our family medical insurance program. Lafayette College and True North FH LLC are not responsible for and will not provide payment of any medical, dental, hospital, or laboratory fees due to injury incurred while participating in the clinic.

Signature of parent/guardian _____

Date _____

Emergency contact (name & phone): 1. _____

Emergency contact (name & phone): 2. _____

Insurance Carrier & Policy/Group Number _____