

**2013**



**Cache**

**Lax**

# **Skills Camp**

**Held @ Mountain Crest North fields, HYRUM,  
UT**

**Focus will be on intro players and experienced  
players**

**AGES U6-U14**

**June 6<sup>th</sup> & 7<sup>th</sup> from 3pm-7pm**

**June 8<sup>th</sup> 8am-1pm**

**Lunch on Sat at 12:00**

**Price + stick \$65 includes STX amp stick, jersey, ball**

Price **WITH OUT STICK** \$50 Includes jersey &  
ball

*Depending on demand stick type may vary  
Experienced players will need stick, helmet, and gloves*



**Preregister** by Email @  
[cachelaxcamp@gmail.com](mailto:cachelaxcamp@gmail.com) and receive registration  
information or contact coach Mckee at **770-8606** and  
coach Ringle at **232-1499**

**Open registration will be held on the 6<sup>th</sup> at 3pm**

CACHE LAX JR. LACROSSE CAMP

PLAYER CONTACT INFORMATION

Player Name: \_\_\_\_\_ Penne Size: Youth LG Men's SM Med LG

DOB: \_\_\_\_\_ Entering Grade (circle) 3 4 5 6 7 8 9

Address \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent(s) Information:

Name: \_\_\_\_\_ Telephone(s): \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

Note: only list email addresses that you want to receive lacrosse email notifications

How many years Playing (circle) None 1-2 3-4 5-6 (First Year (New Stick))

Skill Level (circle) Beginner Intermediate Experienced

Position (circle) Attack Midfield Defense Goalie Unknown

Make checks for \$50.00 /\$65.00 (with stick) payable to

## Medical and Waiver release for the "Cache Lax" Jr. Lacrosse Camp

Player Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name

(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ one: \_\_\_\_\_ Relationship: \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_ Plan #: \_\_\_\_\_

Known Allergies or other medical problems that should be noted:

\_\_\_\_\_

I hereby voluntarily permit my child to participate in the Cache Lax Jr. Lacrosse Camp. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_ Initial Here

As consideration for my child being permitted by Mt. Crest Lacrosse and Logan Lacrosse to participate in these activities, I hereby release and hold harmless Mt. Crest Lacrosse, Logan Lacrosse and Cache Lax staff, volunteers, designated coaches, and program officials from any and all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Mt. Crest and Logan Lacrosse, and Cache Lax Camp, (its

officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Mt. Crest and/or Logan Lacrosse Staff, Coaches and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Mt. Crest and Logan Lacrosse Staff and Volunteers to disclose the information contained on this form to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Mt. Lacrosse or Logan Lacrosse does not provide any medical or other insurance protection or benefits for those who participate in the Cache Lax, Jr. Lacrosse Camp.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE PLAYER, PARENT AND/OR GUARDIAN, MT. CREST LACROSSE, LOGAN LACROSSE AND CAHCE LAX CAMP AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_ Date

\_\_\_\_\_  
Parent or Guardian Signature