

# 2008 NJ SUMMER CAMP REGISTRATION, MEDICAL, WAIVER AND RELEASE

**Instructions:** Please print, fill out, and send to the address below.

**MAIL TO:** Xcelerate Lacrosse, LLC  
27902 Meadow Drive, Suite 120  
Evergreen, CO 80439

**PHONE:**  
866-LAX-0010



**Participant Waiver, Release, and Medical Treatment Authorization  
PARENT/GUARDIAN SIGNATURE IS REQUIRED**

In consideration of my child's participation in Xcelerate Lacrosse LLC sponsored events and activities, I agree to the following:

- 1. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that Xcelerate Lacrosse LLC, along with coaches, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in the event or arising from travel to or from the event, whether said damages, injury or loss are due to negligence or not.
- 2. Medical Attention:** I hereby give my consent to Xcelerate Lacrosse LLC to provide, through a medical staff of its choice, customary medical athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in Xcelerate Lacrosse LLC sponsored or sanctioned events.
- 3. Readiness to Compete:** My child will only participate in those competitions or activities in which he or she believes to be physically and psychologically prepared to participate.
- 4.** I hereby authorize Xcelerate Lacrosse LLC to utilize in any promotional materials any photograph or video taken of my child while participating in any activity involving Xcelerate Lacrosse LLC. In addition, Xcelerate Lacrosse is not responsible for personal items that are lost, stolen or damaged. I also understand and accept the Xcelerate Lacrosse LLC cancellation and refund policy.

As legal guardian of the participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participation Waiver & Release section for permitting my child to participate in any Xcelerate Lacrosse LLC sponsored events and activities, and I accept each of the conditions, especially the waiver and release set forth in paragraph one.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**MEDICAL TREATMENT AUTHORIZATION AND INFORMATION**

I, we being legal guardians of the participant, authorize Xcelerate Lacrosse LLC and its agents permission to request medical treatment as necessary to sure the well being of our dependent. All medical expenses will be the responsibility of the participant or the participant's parent/guardian.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**BOYS LACROSSE CAMP  
@ ALEXANDRIA PARK  
MILFORD, NEW JERSEY  
JULY 7-10, 2008 9AM-3PM**



**REGISTER  
EARLY AND  
SAVE  
\$50!!!**

**AGES 8 - 17**

**FEATURING...**

**JAY JALBERT**

**TEAM USA, 8 X ALL-STAR, 2003 MLL MVP**

NAME: \_\_\_\_\_ AGE (as of June 2008): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SHIRT SIZE: (Circle One) S M L XL POSITION: (Circle One) Attack Midfield Defense Goalie

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(required for confirmation - please print clearly)

HEALTH INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

Allergies and/or other medical issues? \_\_\_\_\_

SCHOOL/CLUB TEAM: \_\_\_\_\_

DISCOUNTS: You can only qualify for ONE DISCOUNT. Please check one box only.

- Early Bird #1 (postmarked by January 31, 2008) - take \$50 off
- Early Bird #2 (postmarked by March 15, 2008) - take \$30 off
- Prior Participation - Take \$25 off
- Family - Take \$20 off each member (2 or more)
- Team Discount - take \$25 off (5 or more: must be mailed together - No Exceptions)

By submitting this application to Xcelerate Lacrosse Camps, I affirm that I understand the Xcelerate Lacrosse, LLC cancellation policy and hereby accept these terms.

**Parent/Guardian Signature:** \_\_\_\_\_

**PAYMENT**

Day Camp Tuition \$ 325

Discount (if applicable) (\_\_\_\_\_)

Refund Insurance (optional: \$35) \_\_\_\_\_

TOTAL TUITION \_\_\_\_\_

**LOOK WHAT YOU GET!**

- ELITE coaching at every position
- 8 TO 1 CAMPER TO COACH
- Jalbert skills contest, fastest shot contest, lax obstacle course
- FREE Xcelerate T-Shirt
- FREE Xcelerate jersey
- Camp raffle including Maverik gear, Cascade helmet, and more
- Pro player autograph session