

The EAGLES

Girls Lacrosse CAMP

The Eagles Girls Lacrosse Camp is for children 8-14 years old. The camp is structured to teach the fundamentals of the game of lacrosse. Players will learn the individual fundamentals through cradling, passing, shooting, and defense. They will also learn how to use those fundamentals and apply them to game situations. Academics, team work and life skills will be stressed throughout the week.

**ALL Campers will receive embroidered back pack, mesh jersey, tee- shirt, and water bottle.*

Cost: \$200 for one session and a \$300 flat fee if you select both sessions. **Add \$50 flat fee** for before and/or after school care

REGISTRATION: (Click EACH BOX that applies) **Each Session is: (9am-4pm) Before Care 8am/After Care until 6pm**

NAME:

1 Session: \$200

SESSION 1: June 18-22

BEFORE and/or AFTER SCHOOL CARE: ADD \$50 (flat fee)

Please mail all registrations and checks to North Point H.S. 2500 Davis RD., Waldorf, MD., 20603, attention to Coach Ball. Please make all checks out to North Point H.S.

Please Click The Appropriate Boxes:

Children's T-Shirt/Jersey Sizes:

X-small small medium large

Children's Short Sizes:

X-small small medium large

Gym Bag: Large

Adult T-Shirt/Jersey Sizes:

Small medium large X-large 2X-large



CAMPER INFORMATION		PARENT / GUARDIAN INFORMATION	
DOB:	<input type="checkbox"/> (M) <input type="checkbox"/> (F)	Name:	<input type="checkbox"/> (M) <input type="checkbox"/> (F)
Address:		Daytime #:	
		Evening #:	
Insurance Provider:		Email:	
Agreement #:		EMERGENCY CONTACT INFORMATION	
Primary Physician:		Name:	
Physician's Phone #:		Daytime #:	
List any medical conditions which camp staff should be aware of:		Email:	
		ATLERNATE EMERGENCY CONTACT INFORMATION	
		Name:	
List any medications your child is taking along with dosage:		Daytime #:	
		Email:	

▪ I understand that Little Eagles Camp has some risk for injury, which my child assumes by electing to participate. It is understood that all reasonable and responsible action will be taken to ensure my child's safety. I agree to save and indemnify and keep harmless Little Eagle Camp, NPHS, CCPS and its employees and volunteers against any and all liability claims, judgments or demands arising as a result of participation by my child in this activity.

Type Parent/ Guardian Name

Parent/Guardian Signature

- My child will be expected to follow all CCPS and Little Eagle Camp rules and regulations. Any improper actions while participating may result in removal of my child from camp and further discipline by school officials as appropriate.
- In case of emergency or illness, I hereby authorize camp and school employees to arrange medical treatment for my child, and I will request that the camp, either prior to treatment when practical or as soon afterwards as possible, contact me or another person previously identified to the camp as an emergency contact.

Type Parent/ Guardian Name

Parent/Guardian Signature