

# Shooting Star Lacrosse Camps 2011

Please check which week of Camp you are registering for:

Girls:  June 27 to 30, 2011

Dean G. Skelos Athletic Complex  
Rockville Centre, NY  
5pm to 9pm, Ages 7 to 17  
Fee: \$290.00

Boys:  July 11-14, 2011

Dean G. Skelos Athletic Complex  
Rockville Centre, NY  
5pm to 9pm, Ages 7 to 17  
Fee: \$290.00

Please fill out all of the following information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position (circle all that apply)      A      M      D      D/M      G

### Camper Discounts: These may not be combined

1.  **Past Participant:** Any camper who has participated in a past Shooting Star Camp or Clinic shall receive a \$25 discount.
2.  **Family Discount:** If more than one family member is attending camp, each shall receive a \$25 discount.
3.  **Group Discount:** Groups of three or more applications received in the same envelope shall each receive a \$25 discount.
4.  **Early Sign-up:** All registrations received before May 1<sup>st</sup> shall receive a \$50 discount

### Waiver for participation – Please read carefully

As a participant, or parent/guardian of a participant in the Shooting Star Lacrosse Camps, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which I or my minor child may sustain as a result of participating in any and all activities connected with or associated with the program. I agree to waive and relinquish all claims I or my child may have against Shooting Star Lacrosse Camps, LLC, the Incorporated Village of Rockville Centre, the staff, the coaches and volunteers as a result of participating in the program. I further agree and represent that the participant has been examined by a physician and is physically fit and able to participate. **I have read and fully understand the above details and hereby waive and agree to release all claims.**

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Payment/Refund Policy: Full payment is due at the time of registration. Registrations sent without payment will not be enrolled until payment is received. Refunds will be given only in cases of Medical Emergency and requests must be accompanied by a note from a Doctor. Refunds will not be given for any reason within two weeks of the start of Camp.

**Payment Enclosed:** \$ \_\_\_\_\_

Make check or money order payable to: **Shooting Star Lacrosse Camps**

**Mail to:**  
**Shooting Star Lacrosse Camps**  
**2464 Yorktown Street**  
**Oceanside, NY 11572**