

TURN & BURN LACROSSE

REGISTRATION FORM

Name _____

Parent/Guardian's Name _____

Address _____

Phone _____ E-mail _____

Work Phone _____

Emergency Phone _____

Birth date ____/____/____

Position _____ Yrs. of Experience _____

Camper's School _____ Grade _____

(Insurance Company) _____

Policy Number _____

(Players cannot be accepted without this information)

Make checks payable to: TURN and BURN Lacrosse

I hereby give my permission and certify that my son is in good health and is able to participate in all camp activities. In case of an emergency, I grant permission for my son to be given emergency treatment at a local hospital.

Signature of Parent/Guardian Date

TBLAX.COM