2016 University of Rochester Elite Girl’s Lacrosse Camp

University of ROCHESTER welcomes you…

Date: Saturday June 25, 2016 thru Sunday June 26, 2016

Time:
Check-in: Saturday June 25th
Resident Campers: 12:00-3:00
Commuters: 2:30 pm

Grades: 9th-12th

Location: University of Rochester Fauver Stadium

Cost: Resident (spending night): $265.00
      Commuter: $200.00

*Additional camp details will be emailed once we receive your registration in the mail.

Come play with the best!

Join us for this wonderful lacrosse event on the beautiful campus of the University of Rochester.

CAMP SCHEDULE
Saturday June 25th
12:00-3:00 pm: Check-in
3:00 pm: All camp meeting
4:00-5:30 pm: Training Session I
Dinner in dining facility
8:00-10:00 pm: Training Session II
*Commuters depart campus & residents return to dorms

Sunday June 26th
Breakfast for residents
10:00-11:30 am: Training Session III
Lunch in dining facility
1:00-3:00 pm: Admissions talk & campus tours

RESERVE YOUR SPOT TODAY!
SECURE A SPOT BY EMAILING COACH BEHME
REGISTRATION DEADLINE is WEDNESDAY JUNE 13th

MELIORA “EVER BETTER”
Player’s Name: ________________________________________________

Address: ____________________________________________________________________________

City: ________________________ State: ________ Zip: ________________________________

Phone: ________________________________________________________________________________

Parent / Legal Guardian Name: ___________________________________________________________

Parent / Legal Guardian Address & Phone: _________________________________________________

Emergency Name & Phone: __________________________________________________________________

Parent’s Email (PLEASE print clearly): ______________________________________________________

Participant grade to enter in Fall 2015: ________________________

Age during camp: ______________

Position: Field Player _______________ Goal Keeper _______ (please check if applicable)

Reversible Jersey Size: _________ (adult size)

*PLEASE RETURN ALL REQUIRED INFORMATION VIA MAIL TO COACH SUE BEHME (ADDRESS BELOW): 
1. REGISTRATION FORM 
2. GIRL’S LACROSSE WAIVER FORM FOR MINORS 
3. MEDICAL FORM 
4. FULL PAYMENT
   Check Accepted Only / Payable to University of Rochester
   Resident Camper (staying overnight in dorm): $265.00
   Commuter: $200.00

*GIRL’S LACROSSE WAIVER FOR MINORS & MEDICAL FORMS ARE BELOW.

*REGISTRATION CONFIRMATION & DETAILS WILL BE SENT VIA EMAIL.
To Whom It May Concern:

I, ___________________________, give permission for first aid or medical treatment to be given to my daughter, ______________________ if deemed necessary by the Certified Athletic Trainer or qualified physician. The following health history is correct as far as I know, and the permission to engage in all prescribed camp activities, excepted as noted by our family doctor or me is given.

_____________________________  __________________________
(Date)  (Signature of Parent/Guardian)

Camper’s Full Name: ______________________________

Address: ___________________________ City/State/Zip: ___________________________

Phone Number: (    ) _________________ Parent/Guardian Name: ______________________

Emergency Contact: ___________________________ Emergency Number: (    ) _________________

Family Doctor’s Name: ______________________________

Family Doctor’s Address: ______________________________

City/State/Zip: ___________________________ Doctor’s Phone: (    ) _________________

Does the camper have medical insurance?  Yes or No (please circle)

Insurance Carrier Name: ______________________________

Insurance Policy Number/Group: ___________________________

Insurance Carrier Phone Number: (    ) ___________________________

Last Tetanus and Immunizations against diphtheria, measles, mumps, poliomyelitis and rubella: 
(Please include dates) __________________________________________

____________________________________

Has the camper had a physical examination performed within the last year?  Yes or No

Does the camper have any allergies? If yes, please list. ________________________________

____________________________________

____________________________________

Does the camper currently take any medication (s) or does she have any reactions to penicillin or any other prescriptions? If yes, please list. ________________________________

____________________________________

____________________________________
PART I
Acknowledgement and Release Agreement

I, _____________________________, am the parent or legal guardian of ___________________, whom I wish to participate in the 2016 GIRL’S ELITE LACROSSE CAMP offered by University of Rochester. As a precondition to Participant participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the reverse side of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction.

Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that I may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees"). I understand that I am not required to participate in the Activity and that I choose to do so voluntarily and free of duress.

2. Liability Release. In consideration for U of R allowing me to participate in the Activity, I agree I will not sue the Releasees and I hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that I may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.

3. Statement of Physical Fitness. I state that I am physically fit and in a condition that will allow me to participate fully and safely in the Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity and Releasees are relying on my statement of my physical condition. I assume full responsibility for payment of medical expenses not covered by insurance incurred as a result of my participation in the Activity.

4. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.

5. Governing Law. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In the event of an emergency, the emergency contact that is listed on my registration form will be contacted via phone by a staff member as soon as possible.

ACTIVITY DETAIL FORM
Name of Activity: 2016 GIRL’S ELITE LACROSSE CAMP
Date(s) of Activity: SAT. JUNE 25 – SUN. JUNE 16, 2016
Location of Activity: FAUVER STADIUM / UNIV. OF ROCHESTER
Description of Activity: Participation in GIRL’S LACROSSE, which may include training, practices, drills and competitions, some of which may involve bodily contact with others and with equipment.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below:
Physical injury, including but not limited to broken bones, concussions or other head injuries, organ damage, torn ligaments and tendons, cardiac injury, and even death. These may be accompanied by psychic injury or mental anguish. These risks may result from participation in practices, training drills and competitions, and during travel to and from practices and competitions.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age (or that I am the Parent/Guardian of the Participant if he or she is under 18).

__________________________________________  _____________________________
Name of Parent or Legal Guardian (printed)    Signature

__________________________________________  _____________________________
Name of Participant (printed)  Phone number where parent/legal guardian can be reached in case of emergency  Date

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)
PART II

2016 GIRL’S ELITE LACROSSE CAMP
Rules and Regulations

1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.

2) Participants may not leave University property or the program without permission of the Program Sponsor.

3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.

4) No use of tobacco products.

5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.

6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.

7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.

8) As the parent or legal guardian, I declare that I have read, understand, and approve the rules, and give permission for my child to participate in the 2016 GIRL’S ELITE LACROSSE CAMP.

Any participant who is found behaving in direct violation of these rules will be removed from the 2016 GIRL’S ELITE LACROSSE CAMP immediately.

In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

____________________________________
Name of Parent or Legal Guardian (printed)                Signature

____________________________________
Name of Participant (printed)

____________________________________
Date
PART III

Emergency Contact Information
(Parent/Guardian to keep this page)

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR security, please use the contact information listed below to reach the staff members.

Name: Sue Behme  Office: 585-275-1030  Cell: 585-789-8170

UR Security – (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant’s parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.