

Lazer Lax Lacrosse Player Application

Please fill out a separate application for each camper

Summer 2015

Name: _____ Age: _____ Grade entering: _____

Position of choice: Attack Midfield Defense Goalie

Please choose from the following:

- Andover Clinic July 6-July 9 Tuition: \$175.00
- Melrose Clinic July 20-July 23 Tuition: \$150.00

Please choose a shirt size:

Youth Sizes

- Large

Adult Sizes

- Small
- Medium
- Large
- X-Large

No child's application will be considered for enrollment until we have all of these required forms listed below.

**Please make checks out to Lazer Lax Lacrosse
Mailing address: 75 Currier St, Methuen, MA 01844**

- Full payment
- Camp Application
- Emergency Form
- Physical and Immunization Record (dated within 24 months of camp participation) have been mailed

I understand that my child will not be considered for enrollment until our application package is complete. I understand that once my child's application is accepted that there will be no refunds for any cancellations made with less than one week notice and that \$50 is non refundable for any cancellation made with more than one week notice.

Parent/Guardian Signature: _____ Date: _____