PIN OAK BOYS LACROSSE

2012 Summer Camp

Camp Details:

Location: Pin Oak Middle School Field
4601 Glenmont Street
Bellaire, TX 77401

Camp is for all incoming 7th & 8th graders in the Greater Houston area!

Required Equipment

- ü Lacrosse Helmet
- ü Mouth Guard
- ü Lacrosse Shoulder Pads
- ü Lacrosse Arm/Elbow Pads
- ü Lacrosse Gloves
- ü Athletic Cup
- ü Lacrosse Stick
- ü Cleats or Tennis Shoes

You must have all of the above to participate!

Lead Coaching Staff:

Brian McGill

- Virginia Military Institute
- Metro Men's Lacrosse

Warren Williamson

- University of Texas
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Fill out the registration form below, make your check payable to "Pin Oak Boys Lacrosse" and mail both to :

Pin Oak Boys Lacrosse
Attn: Wendy Sides
4616 Braeburn Dr
Bellaire, TX 77401

ADDITIONAL INFORMATION: BRIAN MCGILL (412) 584-8436 PINOAKBOYSLACROSSE@GMAIL.COM

PARTICIPANT'S FULL NAME:_____

ADDRESS:_____

EMAIL ADDRESS:_____ HOME PHONE:_____

CELL PHONE:_____ EMERGENCY CONTACT:_____

EMERGENCY CONTACT PHONE:_____

AGE:_____ GRADE ENTERING (*FALL 2012*): _____ YEARS OF EXPERIENCE:_____

TEAM PLAYED FOR:_____ POSITION:_____

PLEASE CHECK SESSIONS ATTENDING:

q JULY 28TH 9:00AM – 12:00PM / FULL EQUIPMENT REQUIRED / $30.00 PER PLAYER

q AUGUST 11TH 9:00AM – 12:00PM / FULL EQUIPMENT REQUIRED / $30.00 PER PLAYER

MEDICAL INSURANCE CARRIER:_____ US LACROSSE #:_____

I, _____, the parent/legal guardian of the child identified above, hereby give permission for him to participate in any and all Pin Oak Boys Lacrosse and related activities during the current time frame as identified above. I assume all risks of hazards incidental to such activities. I hereby release, waive and hold harmless the Pin Oak Boys Lacrosse Camp, Pin Oak Middle School, Wendy Sides, its respective organizers, directors and coaches from any claims arising out of any injury or damages incurred during or en route to such activity. In addition I_____, the parent/legal guardian of the above mentioned child, in the event of my absence, do hereby give permission to Pin Oak Boys Lacrosse Camp authorities, coaches, its' agents and directors to authorize any medical attention required when an injury has incurred to my child.

PARENT /GUARDIAN NAME:_____

PARENT /GUARDIAN SIGNATURE:_____ DATE:_____