

Wednesday Nights
September 9 - October 14, 2009
5:45-7:00pm



Cost: \$150.00
Please make checks payable to:
top of the bay sports

1 Meadow Springs Drive
Bel Air, MD 21014

Lacrosse Academy

for Girls

Name: _____

Age: _____ Grade: _____ School: _____

Rec. Program: _____ Club: _____

4th Grade	5th Grade	6th Grade	7th Grade	8th Grade	HS Prep	JV

Position(s): _____

Email Address: _____

Second Email Address: _____

Parents Phone Number (evening of event): _____

Would like to work on which area(s) of her game: _____

Parent/Guardian Release:

I hereby request that you accept the participant's application for enrollment in the Fall Lacrosse Academy. In consideration of your acceptance of this application, I hereby agree release and hold harmless Cedar Lane, Top of the Bay, Inc, its agents, employees, representatives or assigns from any and all claims resulting from any injury sustained by my child while traveling and participating in the camp. I further hereby give my permission to the coaches, training staff and other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. Registration of your child in our program acts as consent to use any photos taken of your child while participating in camp in publications and/or advertisements.

Parent/ Guardian Signature

Date