

FOGO LACROSSE REGISTRATION

Camper's Last Name

First Name

Street Address

City

State

Zip Code

E-mail Address (will be used for camp communication)

Parent / Guardian Name & Phone

Camper Mobile Phone

Date of Birth

Age

Sex

2017 Academic Grade (6th – 8th, High School/College Freshman, Sophomore, Junior, or Senior)

Team Name

Team's Conference

How did you hear about FOGO Lacrosse? _____

Camp dates: please **circle** overnight or Day camper

Summer FOGO (July 30 – July 31):

Overnight

Day

Shirt Size (circle one):

Small

Medium

Large

Extra-Large

Camper Experience (circle one):

Beginner

Back-up FOGO

Starting FOGO

Camp Tuition/Payment Information:

Camp tuition for an **overnight camper is \$425**. Camp tuition for a **day camper is \$350**.

There is a **\$150 non-refundable security fee**, unless cancellation is due to a health related emergency with a note from a medical doctor. **Camp fees must be PAID IN FULL AT TIME OF REGISTRATION SUBMISSION**. Submission of an amount less than full camp tuition does not ensure a spot at camp.

(Currently our only payment options are checks; please **make your check payable** to: 'FOGO Lacrosse')

Please mail to:

David Tamberrino

200 Rector Place

Apt. 9L

NY, NY 10280

FOGO Lacrosse Camps

Health History & Release Form

(Campers will not be admitted to camp without this completed form)

Camper's Name _____
Sex: _____ Age: _____ Height: _____ Weight: _____
Address: _____
Phone: _____

Health History

If the camper should be restricted from any activity, please note: _____

If the camper will be taking medication during camp, please indicate the name of drug and dosage: _____

Please identify any medical condition or history which would require special attention: _____

Has the camper had any of the following? (Please circle for YES): Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia

IMMUNIZATIONS

(include dates)

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Rubella _____

ALLERGIES

(yes/no)

Hay Fever _____

Asthma _____

Eczema _____

Insect Stings _____

Other (type) _____

DRUG REACTIONS

(yes/no)

Sulpha _____

Penicillin _____

Antibiotics (type) _____

Other _____

Physician's Name _____

(Address)

(Telephone)

INSURANCE INFORMATION

Carrier Name: _____ Policy Number _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

US Lacrosse # (required) _____

I, the parent of _____, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release the FOGO Lacrosse camp, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

(Sign) _____ Date _____

My Phone Number while my child is at camp: _____

Person to contact in the event I cannot be reached: _____

Phone number of emergency contact person: _____

I understand FOGO Lacrosse, Inc. retains the right to use for publicity and advertising purposes, photographs and video of campers taken at camp: _____

signature