



# YOUTH LACROSSE SUMMER CAMP

<b>Child's Last Name:</b>		<b>Child's First Name:</b>	
<b>Address:</b>		<b>Age:</b>	<b>DOB:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Father's Name:</b>		<b>Mother's Name:</b>	
<b>Email Address (please print legibly):</b>			
<b>Home Phone:</b>		<b>Alt. Phone:</b>	
<b>US Lacrosse Membership #:</b>			

Send check and form to...

**City of Tega Cay  
PO Box 3399  
Tega Cay, SC 29708**

**\$140/ registrant**

Jersey Size	
Youth Small	
Youth Medium	
Youth Large	
Adult Small	
Adult Medium	
Adult Large	
Adult XL	

Check all that apply		
	<b>June 16th-26th</b>	13 & under
	<b>June 16th-26th</b>	17 & under
	<b>July 7th- 17th</b>	13 & under
	<b>July 7th- 17th</b>	17 & under

**13 & Under, Monday- Thursday- 6 PM- 7:30 PM**  
**17 & Under, Monday- Thursday- 7:45 PM- 9:15 PM**  
*Boys & Girls will have separate instructors*

*\*\*By signing here I understand that my child is participating in a Tega Cay Parks & Recreation program, and I will volunteer in any way that I can. I agree that I will not enter myself, or my child, into any program unless we are medically able to do so, and understand the hazards that go along with the program signed up for. I assume all risk, on behalf of my child, that go along with participating in said program. Having read and signed this registration form, I hereby release the City of Tega Cay, Tega Cay Parks & Recreation, all staff and volunteers from any claims and/or liabilities that may arise while participating in any of its programs.*

<b>Parent Signature:</b>	<b>Date:</b>
<b>Parent Name (please print):</b>	<b>Date:</b>