



**Registration Form – SOAR GIRLS  
LACROSSE CAMP  
June 14-17, 2010, 9am-12n**

Player Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Player Cell Phone #: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

Player Email: \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Grade in School (in fall, 2010): \_\_\_\_\_

Previous playing experience (if any): \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous/Current Injuries: \_\_\_\_\_

Other medical info (if applicable): \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pickup allowance list – the following people are permitted to pickup the above named player from SOAR's summer girls lacrosse camp:

\_\_\_\_\_  
Name Relation to player

\_\_\_\_\_  
Name Relation to player

\_\_\_\_\_  
Name Relation to player

Please include a check made out to SOAR for \$70.