

Girls Lacrosse Camp

Office Use Only
Ck# _____
Date: _____

Ages 10 - 15

Date: July 21, 22 & 23
Time: 9:00 AM – 1:00 PM
Location: Lawn Avenue Field
Cost: \$50.00
Instructor: Recreation Dept. Staff

First Name Last Name Grade

Parent/Guardian Email

Street Address Phone Number

Emergency Contact Person Other Than Person Above Phone Number

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of prior to your child's participation in this program?

___ YES IF YES _____
(Please specify)
___ NO

Girls Lacrosse Camp WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department Girls Lacrosse Program: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Girls Lacrosse Program, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to my child while participating in the Girls Lacrosse Program, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

Signature of Parent/ Legal Guardian

**Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835**