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SOUTHERN EXPOSURE LACROSSE RECRUITING CAMP

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A Premier Regional Lacrosse Recruitment Camp

REGISTRATION FORM

Please complete all requested information on this form and return it with payment to:

Southern Exposure Recruitment Camp

294 Laurel Road

Central, South Carolina 29630

Cost is \$200. A non-refundable deposit of \$50 is due with this form by June 1, 2009;
balance payable upon arrival at first practice session on June 26, 2009.

PLAYER'S FIRST AND LAST NAME: (Please print)

AGE: _____ DATE OF BIRTH: _____ ENTERING GRADE (09/10): 10 11 12

GENDER: M F GRADUATION YEAR: 2010 2011 2012

SCHOOL CURRENTLY ATTENDING: _____

HEIGHT _____ WEIGHT _____ POSITION A M D G

STATE WHERE SCHOOL IS LOCATED: _____

PLAYER'S HOME MAILING ADDRESS: _____

CITY, STATE ZIP: _____

DAY PHONE: (_____) _____ EVE. PHONE: (_____) _____

PARENT'S EMAIL: (Please print clearly!)

A DEPOSIT OF \$50 (NON-REFUNDABLE) IS DUE WITH THIS REGISTRATION FORM,
NO LATER THAN JUNE 1, 2009. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO
SOUTHERN EXPOSURE RECRUITMENT CAMP

PARENT(S): PLEASE READ THE FOLLOWING AND SIGN BELOW--

In consideration of your acceptance of this registration form for participation in Southern Exposure Recruitment Camp, I hereby assume full responsibility for any injury or illness that may result from the pursuit of any activity of the camp, including field trips; do hereby expressly remiss, release and forever discharge camp coaches and administrative staff from any and all action, suits, damages, and/or judgments that may result from any injury or damage that my child may sustain.

PARENT SIGNATURE

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