



2012 Registration Form



Phone: 781-235-6100
www.PrimeTimeLacrosse.com

PrimeTime Lacrosse
P.O Box 57084
Babson Park, MA 02457

Last Name:		First Name:
Date of Birth:	Age:	School Grade entering Fall 2012:

Mailing Address:		Email:
City:	State:	Zip Code:
Parent's Names:		
Parent 1 Home Phone:		Parent 2 Home Phone:
Parent 1 Work Phone:		Parent 2 Work Phone:
Parent 1 Cell Phone:		Parent 2 Cell Phone:

Emergency Contact (other than parent):		
Relationship to Camper/Player:		
Home Phone:	Work Phone:	Cell Phone:

Does Camper have permission to participate in optional swim?	YES / NO (Please Circle)
Has camper/player participated in a past PrimeTime Lacrosse camp, league, or clinic?	YES / NO (Please Circle) If yes, please state which one:

Insurance Carrier:		
Policy/Group Number:	Subscriber:	
Name of Family Physician:		
Address:	State:	Zip Code:

List any neurological problems and/or disabilities:
List any chronic or reoccurring medical conditions:
List any dietary restrictions:
List any medication currently being taken by the camper for any condition:
<i>Please attach a medical history with doctor's signature.</i>

Signature of Parent/Guardian:	Date:
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Summer Programs

Camper's Name:

Date of Birth:

Please select program & check box to the right.

Programs	Location	Ages	Dates & Times	Price	<input checked="" type="checkbox"/>
Franklin Day Camp	<i>Franklin High School Franklin, MA</i>	Boys & Girls 7 - 17	June 25 th – July 29 th 9am-12pm	\$195	<input type="checkbox"/>
Wellesley Girls Day Camp	<i>Sprague Fields Wellesley, MA</i>	Girls 7 - 17	July 9 th -13 th 9am-1pm	\$295	<input type="checkbox"/>
Babson Day Camp - Week 1	<i>Babson College Wellesley, MA</i>	Boys 7-15	July 15 th – July 19 th	\$455	<input type="checkbox"/>
Babson Overnight Camp - Week 1	<i>Babson College Wellesley, MA</i>	Boys 7-15	July 15 th – July 19 th 5 days, 4 Nights	\$675	<input type="checkbox"/>
Babson Day Camp - Week 2	<i>Babson College Wellesley, MA</i>	Boys 7-15	July 22 nd – July 25 th	\$455	<input type="checkbox"/>
Babson Overnight Camp - Week 2	<i>Babson College Wellesley, MA</i>	Boys 7-15	July 22 nd – July 25 th 5 days, 4 Nights	\$675	<input type="checkbox"/>
Nantucket Day Camp	<i>Delta Fields Nantucket, MA</i>	Boys & Girls 7-17	August 13 th – 15 th 9am-12pm	\$225 \$99 (Nantucket Youth Lax Member)	<input type="checkbox"/>

Release of Liability

Release of Liability: I, the undersigned parent or guardian of my child, a minor, does hereby consent to my child's participation in the voluntary lacrosse programs of PrimeTime Lacrosse, PrimeTime Warrior Shootout, PrimeTime Power Penguin Summer/Fall/Winter Select teams (will now be referred to as "PrimeTime Lacrosse") and any and all other programs participated in. I also agree to forever release all facilities utilized by PrimeTime Lacrosse and all of their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary lacrosse programs of PrimeTime Lacrosse from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the voluntary lacrosse program of PrimeTime Lacrosse. I also promise to indemnify, defend, and hold harmless PrimeTime Lacrosse against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the voluntary lacrosse programs of PrimeTime Lacrosse. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my or my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child or myself to participate in PrimeTime Lacrosse programs with full knowledge that PrimeTime Lacrosse will not be liable to anyone for personal injuries and property damage my child or I may suffer in the voluntary PrimeTime Lacrosse Program. I certify that the applicant is in good physical condition and may participate in PrimeTime Lacrosse programs. I give PrimeTime Lacrosse permission to seek emergency medical care for myself or my child. I also agree and certify that the insurance information provided is correct and current and agree to assume any/all responsibility for any medical expense incurred.

Signature of Parent/Guardian (if under 18):

Player Signature:

Date:

Payment

Program(s) Attending:

Total Cost of Programs:

Roommate Request
(For Overnight Camp ONLY)

Check:

Cash:

Credit Card:

Visa/Mastercard

Credit Card #

Exp:

Security Code:

Zip Code:

Check List

2012 Application

Insurance Information

Medical History (with doctor signature)

Summer Camp Form (if applicable)

Release of Liability

Payment

Thank you for taking the time to sign up. See you this summer! Please don't hesitate to call or email us with any questions.

- Jason & Tyler

Jason@PrimeTimeLacrosse.com

781-235-6100

