

**GOLAX**  
**Elementary/Middle School Lacrosse Camp**  
**at Worthington Kilbourne High School**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

POSITION: \_\_\_\_\_

YEARS OF EXPERIENCE PLAYING LACROSSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE (H): \_\_\_\_\_

E-MAIL ADDRESS (please  
print): \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_

(C): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**USLacrosse** membership number \_\_\_\_\_

**PLACE: Worthington Kilbourne H.S. 1499 Hard Rd**

**DATE: Monday, July 18- Thursday July 21**

**TIME: 9:00 a.m. - 11:30 a.m.**

**COST: \$125**

**MAKE CHECK OR MONEY ORDER PAYABLE TO: Bill Wolford/ GOLAX**

**RETURN PAYMENT WITH COMPLETED REGISTRATION AND LIABILITY WAIVER TO:**

GOLAX

905 CLUBVIEW BLVD S.

COLS., OH 43235

**QUESTIONS: CALL 614-579-5238**

**IN CASE OF EMERGENCY:**

CONTACT: \_\_\_\_\_ PHONE (H): \_\_\_\_\_ PHONE

(C): \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

**GOLAX  
Elementary/Middle School Lacrosse Camp  
at Worthington Kilbourne High School**

**Emergency Medical Treatment Authorization**

I (we) being the legal guardian(s) of the Participant, authorize GO LAX Lacrosse, its staff, directors, referees, or agents to request medical treatment, as may be deemed reasonable by GO LAX Lacrosse, to insure the wellbeing of the Participant.

**Check appropriate box**

I (we) have attached a written statement detailing all physical limitations, medications, allergies and/or medical condition that be required and helpful in providing medical attention for the Participant.

The Participant has had a satisfactory physical within the last year.

Signature of parent/guardian \_\_\_\_\_

**Waiver and Release**

I (we) the undersigned, for ourselves, our heirs, executors, and administrators; waive, release, hold harmless, indemnify, and forever discharge GO LAX Lacrosse, it's staff,directors, agents, referees, representatives, employees, successors, and assigns from, anyliability, claims, judgments, demands or damages arising out of or in connection with bodily injuries, sustained by the Participating during her/his participation in the GO LAX Lacrosse regardless of the nature or cause of such injuries. By signing below, I (we) certify that: the Participant is physically fit and capable of playing lacrosse; the Participant has no known medical condition which would prevent or limit Participant's participation in the GO LAX Lacrosse program; and, that I (we) have full and absolute authority to grant the permission on behalf of the Participant.

Signature of parent/guardian \_\_\_\_\_