

# Attack the Pipes Lacrosse Camp for Girls, LLC

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent / Guardian: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
High School: \_\_\_\_\_ Club Team: \_\_\_\_\_  
Years Played: \_\_\_\_\_  
Position: \_\_\_\_\_

**\*\*\* CASH ONLY PLEASE FOR WALK-UPS or SAME DAY REGISTRATION \*\*\***

We look forward to seeing you!! If you have any questions please contact Noah Wilson [nwilson6@nd.edu](mailto:nwilson6@nd.edu)

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### INSURANCE INFORMATION:

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

Policy Holders Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_ This policy will cover any injury incurred at the clinic

\_\_\_\_\_ I do not have sickness or accident insurance, but will not hold ATP Lacrosse Camp for Girls LLC, or the camp staff responsible in the event my child is injured.

### WAIVER

I understand the physical risks involved with the participation in lacrosse, and hereby release the ATP Lacrosse Camp for Girls LLC and the clinic staff from responsibility for injury that may occur to my child on the way to, during or returning home from the clinic. I approve of my child's participation, and verify that she is in good health.

\_\_\_\_\_  
Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### ADDITIONAL INFORMATION

Please list all known allergies or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT AND RETURN. YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE WITHOUT THE ABOVE INFORMATION!!!**