

Please complete the registration form below and return with your check(s) made out to:

CCS, Inc. (Parent company of Thunder & Lightning Lacrosse Camp)
1215 S. Central, Ste. 178
Kent, WA. 98032

Payment must accompany the registration form to reserve your spot.

Camps will be limited to 45 campers per week and must have at least 15 campers. If there are not 15 campers in the week you chose 24 hours prior, you will receive a FULL refund.

Registration

Preferred Camp Week: 7/11 7/18 7/25 8/1 8/8 8/15
(Please Circle)

Camper Name _____

Date of Birth _____

Entering Grade _____

School/City _____

Years of playing experience _____

Rental Equipment Needed Yes No

Parent/Guardian Name _____

Address _____

Phone _____

Emergency Contact Name _____

Emergency Phone _____

E-mail address _____

Camp/Rental Fee Check # and \$\$ amount _____

\$200 Rental Equipment Security Deposit Check # _____

How did you hear about us? Sign Flyer Banner Friend WALAX IYL Other
(Please Circle)

Consent for Medical Care and Release of Liability

I, the parent or guardian of the registrant, for myself, assigns, heirs, next of kin and those under my guardianship acknowledge that I understand the nature of sports activities in general and lacrosse in particular. I understand that lacrosse is a game that may require physical contact and that such contact, and even the playing of the game, could cause my child personal injuries and/or damage to equipment. I fully understand that sports involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and/or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages that I may incur as a result of the participation in the camp and or its activities.

I, the parent or guardian of the registrant, understand that this activity involves an element of risk and a danger of accidents and injury and knowing those risks I hereby assume those risks. I hereby release, discharge and hold harmless the city of Sammamish, Thunder & Lightning Lacrosse, CCS Inc., their respective owners, lease holders, administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors and advertisers from all liability, claims, demands, losses and/or damages caused, or alleged to be caused, in whole or in part by me or by my assigns, heirs, next of kin, and those under my guardianship. I understand that by signing this agreement, I hereby knowingly release and discharge Thunder & Lightning Lacrosse, CCS Inc. and the city of Sammamish from any and all liability resulting from any injury associated with the registrant's participation in this activity.

Furthermore, I will indemnify, save and hold harmless the city of Sammamish, Thunder & Lightning Lacrosse, CCS Inc. from any litigation expenses, attorney fees, loss, liability, damage, or costs which may be incurred as the result of such a claim. I understand that this form does not serve as a medical release. I understand that providing up to date medical information and a medical release is the responsibility of the guardian.

I authorize the camp director, employees and/or counselors as agents for the undersigned to consent to medical, surgical, and/or dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. I also authorize the camp staff to arrange for or render emergency medical care due to injury, including but not limited to summoning an aid car, administering CPR, transportation to an emergency room by vehicle and consultation or treatment by medical or dental professionals and agree to save and hold harmless the city of Sammamish, Thunder & Lightning Lacrosse, CCS Inc. for any costs or expenses in arranging said care.

I agree that participation with Thunder & Lightning Lacrosse, CCS Inc. gives its agents the right to take and utilize photographs without any legal or financial obligation.

By signing below, I attest that I have read and fully understand and agree to the assumption of risk, waiver and release of all claims and the photo policies set forth herein.

Print Name of Registrant: _____ Date _____

Print Name of Parent or Guardian:

Signature of Parent or Guardian:

_____ Date _____