

# 2011 Bishop Chatard High School

## Powerhouse Lacrosse Camp

(June 20<sup>th</sup>- June 24<sup>th</sup>)

### Personal:

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Position \_\_\_\_\_

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### Emergency Contact:

Contact Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Contact Phone Number Home: \_\_\_\_\_ Other: \_\_\_\_\_

Contact Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Contact Phone Number Home: \_\_\_\_\_ Other: \_\_\_\_\_

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### Equipment/Private Lesson Order:

Starter Gloves \$40 \_\_\_\_\_ Starter Stick \$50 \_\_\_\_\_ T-Shirt Size (Included) \_\_\_\_\_

3 -1 hour Individual Lessons \$140 \_\_\_\_\_

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### Totals:

Camp Cost **\$125**

Equipment or Lesson \_\_\_\_\_

**Total** \_\_\_\_\_

**ELIGIBILITY FOR SUMMER LACROSSE CAMP**  
**BOYS GRADE 3-12 (SUMMER 2011)**

I do hereby give approval for my child to participate in the various athletic activities. I assume all risks and hazards incidental to my child's participation in any sport or other activity, including transportation to and from practices or any other events. I agree to indemnify and save harmless the Powerhouse Lacrosse Camp staff, the Archdiocese of Indianapolis, the various parishes in the Archdiocese, the Archbishop and priests of the Archdiocese, volunteer coaches, and any other participating or sponsoring organization and all employees officials, representatives and agents of such organizations or persons from all claims, lawsuits or actions of any kind for any and all casualties, damages or losses incurred by me or resulting to my child by reason of participation. I further agree that no action will be brought by me on my behalf or on the behalf of my child for any loss or damages sustained by me or my child by reason of participation in any activity sponsored by the CYO and Bishop Chatard High School.

I also agree to pay a \$125.00 participation fee payable to **Powerhouse Lacrosse**. Please return to: John Lich, 4730 E. 78<sup>th</sup> St., Indpls. IN, 46250  
Powerhouselax@aol.com, 317-508-3180.

*Parent or Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Work Phone:* \_\_\_\_\_

*Parent Email:(used for notifications)* \_\_\_\_\_