2016 Warrior Girls Lacrosse Summer Camp Registration Form

(1 form per child)

CAMPER INFORMATION

Name:_____ **Age:**_____

Address:_____

Date of Birth:_____ **Grade:**_____ **School:**_____

Allergies:_____

Pinnie Size (circle one): Youth S M L XL Adult: S M L XL

PARENT/LEGAL GUARDIAN INFORMATION

Name:_____ **Relationship To Child:**_____

Street Address:_____

E-mail Address:_____

Home Phone:_____ **Work Phone:**_____ **Cell Phone:**_____

EMERGENCY CONTACT

Name:_____ **Relationship To Child:**_____

Home Phone:_____ **Work Phone:**_____ **Cell Phone:**_____

PICK-UP INFORMATION

Please list an individual other that those listed above who is authorized to pick your child up:

Name:_____ **Relationship To Child:**_____

Name:_____ **Relationship To Child:**_____

Please make your checks payable to: *Westhill Booster Club*

Payment and forms can be mailed to:

Brittany Brigandi

406 Nichols Ave

Syracuse, NY 13206