



## **2010 Centennial Girls Lacrosse Junior Knight Summer Camp**

Centennial High School Stadium  
4<sup>th</sup> grade- 9<sup>th</sup> grade  
Tuesday, July 27<sup>th</sup> – Friday, July 30<sup>th</sup>  
8:00am – Noon  
\$125 Camp Fee

The Girls Lacrosse Junior Knight Camp immerses you in the sport, giving you the kind of focused, intensive training that is essential to improvement.

Every facet of the game is covered, teaching you the fundamentals and skills to become a valuable team player. You will improve your skills, work hard, make new friends and have fun!

Sessions include fundamental instruction, drill work, competitions, and games.

Gear required: Girls Lacrosse Stick, Girls Lacrosse Goggles and a Mouth Guard

Registration forms and payment (make our checks to CHS Booster Club) should be mailed to:

Dee Peters  
2925 Abbottswell Drive  
Alpharetta, Ga. 30022  
Attn: Lax Camp

For more information contact Dee Peters at: [peters6@bellsouth.net](mailto:peters6@bellsouth.net)

Registration and waiver forms can be downloaded at  
<http://www.chslacrosse.com>

# 2010 Centennial Girls Lacrosse Junior Knight Summer Camp

## Registration

Player Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Parent Cell\_\_\_\_\_

Parent/Guardian\_\_\_\_\_

Parent Email\_\_\_\_\_

School\_\_\_\_\_ Grade\_\_\_\_\_ Age\_\_\_\_\_

Lacrosse Experience – Years Played\_\_\_\_\_

Circle T-Shirt Size: **Youth:** Small Large **Adult:** Small Med. Large

### Parental Permission and Camp Waiver/Release

By participating in the CHS Lacrosse Camp, I will be waiving and releasing all claims for injuries that my Daughter may sustain in this camp. I recognize and acknowledge that there are certain risks of injury, damages, or loss, which may occur, in any and all activities connected with or associated with this camp. I do fully release and discharge the Centennial Knights Lacrosse Club, its coaches and supervisors from any and all claims resulting from injury, damages and losses sustained by my daughter and the activities of the program. I have read and fully understand the above program details, waiver and release all claims.

I hereby state that my Daughter is physically fit and may participate in all activities. I also grant permission to have my child treated by a physician if necessary.

Parent/Guardian\_\_\_\_\_

Please print

Signature\_\_\_\_\_ Date\_\_\_\_\_