

# TWO WEEK MULTI SPORTS SUMMER CAMP

## SPORTS INCLUDE:

**Basketball, Field Hockey, Soccer, Tennis, and Volleyball**

*Registration is open to the first 300 girls and boys from Lawrence entering grades 8th–12th who register by July 20<sup>th</sup>, 2016*

## Camp Schedule

August 1 – August 5      8:30 am – 12:00 pm

August 8 – August 12      8:30 am – 12:00 pm

at Lawrence High School Athletic Complex, 70-71 N Parish Rd

The camp will be run by LHS coaches and other experts and will focus on developing specific skills and techniques for the various sporting activities.

## Focus includes:

- Instructional Training
- Nutritional Education
- Fitness
- Speed and Agility
- Leadership Development

## Costs - \$20

*(Make Checks Payable to Lawrence Sports Leadership Academy)*

**Form should be completed by the student's parents/legal guardians.**

**Registration: Forms must be hand delivered to the LHS Athletic Department or mailed to Beyond Soccer 280 Merrimack St, Lawrence, MA 01843 and include payment with registration form.**

## ***Campers will need to wear:***

Shorts, T-shirts, Non marking soled gym shoes for basketball, tennis and volleyball, Cleats or sneakers for field hockey and soccer. \*We are not responsible for lost or stolen items. Please mark any items you bring with name and contact information.

**For more information about the camp,  
visit [www.lawrencesportsleadershipacademy.com](http://www.lawrencesportsleadershipacademy.com)**

**or email [info@lawrencesportsleadershipacademy.com](mailto:info@lawrencesportsleadershipacademy.com) or call 978-581-5055.**



Camper Name \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
 Camper Email \_\_\_\_\_ School \_\_\_\_\_ T-shirt size: S M L XL  
 Sport – Week #1: \_\_\_\_\_ Week #2: \_\_\_\_\_ (Options: soccer, field hokey, basketball, tennis, volleyball)  
 Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Has your child ever participated in a summer sports camp (circle): Yes No If yes, camp name: \_\_\_\_\_  
 Do they currently play any sports (circle): Yes No If yes, please list sports: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Insurance \_\_\_\_\_ Group/Policy # \_\_\_\_\_  
 Allergies/Special Medical Needs (please specify): \_\_\_\_\_  
 Asthma (circle): Yes No (\*If child has asthma, pump "must be" with them in order to participate.)  
 Has the camper been diagnosed with a concussion (circle)? Yes No (If yes, additional medical info will be required)  
 \* Medical form/physical within a year is required to participate.

**Waiver Release Statement**

As parent/guardian of the above participant in these programs, I hereby take all responsibility concerning my child physical condition upon entering Lawrence Sports Leadership Academy (LSLA) Camp. I recognize and acknowledge and agree to assume the full risk of any injuries, damages or loss, which may be sustained as a result of participating in any of all activities connected or associated with such programs. I further agree indemnify and hold harmless LSLA from any and all claims sustained by my child, arising out of, connected with, or in any way associated with the activities of the program. To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk to participate in any of the camp’s activities. I confirm that my children have up-to-date health insurance coverage and understand that LSLA does not provide health insurance for students. In the event of an emergency, I authorize any treatment deemed necessary from any accredited hospital and/or physicians for the immediate care of my child. I agree that I am responsible for providing insurance coverage and payment for any and all medical services rendered.

I hereby give my consent for LSLA and its related sponsoring organizations (EAP, Beyond Soccer) to use my child’s photograph and likeness in its publications (newsletter), including its websites and social media sites, I release LSLA from any claim of violating privacy or confidentiality rights that I could assert for the above minor child and myself and attest that I am the parent or legal guardian of the child listed above.

By signing below, I acknowledge that I have read the waiver above and agree to comply with the information contained in the waiver.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian      Date

\_\_\_\_\_  
 Signature of Camper      Date

