

# Worthington Kilbourne High School **2019 Wolves Girls Lacrosse Camp**



July 15-17, 7-8:30pm @ WKHS Stadium

**For Rising 3rd-9th Graders . . . \$50 per camper, \$5 discount for each sibling**

**Wolves GLAX camp emphasizes the fundamentals and the FUN of girls lacrosse. It also offers a wonderful opportunity for future Wolves to learn from and interact with current and alumni Wolves.**

The 3-evening camp will be under the direction of Head Varsity Coach Doug Troutner along with his staff and current and former players. Activities will include both basic and intermediate skill development, team play, fun competitions and mini-games. Occasionally, campers will be split into small groups based on age and skill level for the most beneficial instruction. *Campers also receive a t-shirt and a sweet treat at the end of the 3rd evening!*



## **Registration Form • Please COMPLETE and Return with Payment**

T-shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade Next Fall \_\_\_\_\_

Address \_\_\_\_\_ City & ZIP \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Preferred Email \_\_\_\_\_

School Attended Last Year \_\_\_\_\_

Relative to Contact in Case of EMERGENCY \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## **Camp Fees**

\$50 for Campers Registered ON or BEFORE July 5, 2019 (\$60 thereafter) • \$5 DISCOUNT for each add'l sibling

Total Enclosed \_\_\_\_\_ • Make Checks Payable to WKHS Girls Lacrosse Boosters and Mail to: WKHS, 1499 Hard Rd., Columbus, OH 43235, ATTN: Doug Troutner (or drop off during school hours)

**Campers need to bring stick, mouth guard, goggles, and a water bottle** (limited # of loaner sticks & goggles available)

The undersigned, as parent or guardian of the child named herein, desires that my child participate in the WKHS Wolves Girls Lacrosse Camp. By execution of this release I agree that all requirements, directions and standards set by the coaching staff and personnel, use of any equipment under the supervision of the coaching staff and personnel shall be deemed to have been accomplished for the benefit of my child. In consideration of the efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage, and/or loss to my child or my child's property which may arise out of my child's participation in the camp, hereby intending to release and discharge Worthington City Schools, the Director, and all personnel associated or connected with the camp for every claim, liability, or damage of any kind caused by the negligence of Worthington City Schools, the camp directors, personnel involved or otherwise which may result from participation in the camp.

AUTHORIZATION: I authorize and request Worthington City Schools and camp personnel to refer my child to other duly licensed medical personnel for necessary emergency treatment when indicated, including transfer to outside hospitals.

Signature of Parent or Guardian & Date

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