

2011 MESSIAH COLLEGE BOYS' LACROSSE CAMP APPLICATION

Please join us this year!

The Messiah College Boys' Lacrosse Camp helps prepare young athletes for defining moments.

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

E-MAIL _____

FALL 2011 GRADE _____ BIRTHDATE _____

SCHOOL _____

POSITION _____ LACROSSE EXPERIENCE (YRS.) _____

NAME OF PARENT/GUARDIAN _____

DAYTIME PHONE _____

T-SHIRT SIZE (ADULT): S M L XL XXL

(YOUTH): S M L

SESSION: Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Messiah Boys' Lacrosse Camp:
June 26–June 30, (grades 6–12)
<input type="checkbox"/> Overnight \$430 (deposit \$100)
<input type="checkbox"/> Day camper \$345 (deposit \$100) | <input type="checkbox"/> Messiah Goalie and Shooting School:
July 9
(grades 6–11)
\$100 (deposit \$50) |
| <input type="checkbox"/> Messiah Boys' Lacrosse Day Camp
June 27–June 30, (grades 1–6)
\$270 (deposit \$100) | <input type="checkbox"/> Messiah College Prep Camp:
July 28–July 30
(grades 11–12)
\$235 (deposit \$75) |

Roommate Preference* (2 to a room): _____
*Names must appear on both applications to be honored.

Camp Release Statement

The child named above has my permission to participate in the designated Messiah College Summer Athletic Camp. I understand that camp participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Messiah College, its employees, agents, officers and volunteers from all liability, claims, expenses and actions that may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Messiah College to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child and release Messiah College from any liability for injury or harm to the child that may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signed _____ DATE _____
PARENT/GUARDIAN

Please mail completed application and non-refundable deposit to:

Messiah Boys' Lacrosse Camp
Messiah College
P.O. Box 4501
One College Avenue
Grantham, PA 17027

Make checks payable to:
Messiah Boys' Lacrosse Camps

Office Use Only:

DEPOSIT _____

PD _____

DATE _____

BALANCE _____

DUE _____

PD _____

DATE _____



ABOUT MESSIAH COLLEGE

Messiah College is a Christian college of the liberal and applied arts and sciences that enrolls more than 2,800 undergraduate students in more than 55 majors. Established in 1909, the primary campus is located in Grantham, Pa., near the state capital of Harrisburg. The athletic program at Messiah has worked hard to become a premier Division III program. Among its accolades are national championships in men's soccer (2000, 2002, 2004, 2005, 2006, 2008 and 2010), national championships in women's soccer (2005, 2008 and 2009), national runner-up in field hockey (2002, 2005 and 2010), women's basketball five-time Commonwealth Conference Champions (2001–2005) and men's lacrosse Middle Atlantic Conference champions in 2001 and 2004.