

Please make check for \$85 before deadline, \$90 after June 2nd payable to Hudson City Schools. No refunds after June 2nd. Mail check and registration form to: HCER
2440 Hudson-Aurora Rd. Hudson, Ohio 44236

Participation Waiver and Release I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program,. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness, or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the registrants' participation in the listed program. The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant.

List any special considerations, health problems, medications or allergies:

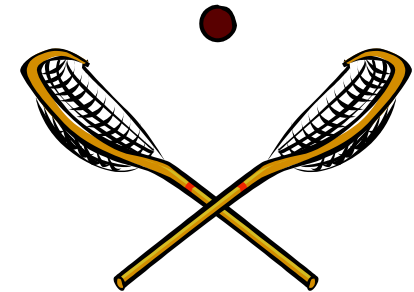
The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician. Or the transfer of child to nearest appropriate hospital or emergency facility. We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

X _____

Parent/Guardian Signature for Medical Consent
Participation , and Waiver and Release

Date

2008 Hudson Girl's Lacrosse Summer Camp! (#2628)



June 16 - 20

9:00-12:00

Girls entering Grades 4-8

For more info call HCER

(330) 653-1210

www.hudson.edu/hcer

2008 Hudson Girl's Lacrosse Summer Camp

Camp Information:

June 16-20, 2008

Monday-Friday

9:00-12:00

Girls entering Grades 4-8

\$85 per camper
\$90 after June 2nd

**Playing Fields
Behind**

Lavelli Stadium

What to Bring:

- Lacrosse Stick
- Cleats
- Running Shoes
- Mouth Guard
- Goggles
- Water Bottle

Camp Highlights:

- Camp T-Shirt
- Games
- Prizes
- Fun! Fun! Fun!

About the Coaches:

Joya Mitchell: This will be Coach Mitchell's ninth season with the Hudson Girls Lacrosse program. She played for four years with the University of Toledo's club team.

Mara Jones: Mara had coached for the Stow Bulldogs for three year. She played at The Ohio State University. She has much knowledge about the game and will be an excellent addition to the staff this summer.

Aimee Caniglia: Aimee is the Middle School Lacrosse Coach in Hudson. This is her third season with the middle school team.

**** College and High School players will be at the camp**



2008 Hudson Girls Lacrosse Registration Form (#2628)

Name _____

Address _____

Phone _____

Birth date _____

Grade in fall _____

Emergency
Contact _____

Emergency
Phone _____

