

HOWELL FUTURE LACROSSE CAMP



When: July 23rd - 26th (Rain Date: July 27th)

Time: 8:30am-11:30am

Where: Soldier Memorial Field
(450 Lakewood Farmingdale Road, Howell)

Cost: \$175

Camp tee shirt included



Program available for all boys, grades 1st- rising 9th graders

SKILL DEVELOPMENT // GAME KNOWLEDGE

PLAY FAST AND HAVE FUN // NEVER OUTWORKED

“Not only was Alec a tremendous talent and competitor, but he was an exceptional leader. His enthusiasm and work ethic are contagious and his love for the sport is evident in his coaching. I am truly grateful to have a coach of his caliber giving back to the program he played for.”

- *Anthony Bonjavanni, Head Men's Lacrosse Coach, Howell HS*

CAMP DIRECTOR

Alec Dambach, Howell High School 2013, Chestnut Hill College 2017

High School

All American attackman/ All Time Leader in Points, Assist, Goals / 2x Team Captain

College

2x Team Captain / 2x All-Conference / All Time Leader in Assist/3rd in Goals/2nd in Points/ Academic All-American

STAFF:

Coach Dambach will be joined by other former and current collegiate players, as well as HHS graduates. We guarantee a 5 to 1, player to coach ratio

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Participants name: _____ Age: ____ Gender: _____

Parent/Guardian Name: _____

Email (mandatory): _____

Address: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

DOB: _____ Grade Entering: _____ T Shirt Size (Yth Small- Men's XL) : _____

Medical Allergies: _____ Current Medication: _____

Emergency Contact Info. (If not same as above):

Relation: _____ Name: _____ Phone: _____

Registration Deadline: July 8th

All forms must be handed in prior to start date to ensure we have enough registered to run the clinic

X _____ X _____
Signature of Parent/Guardian Date

Howell PAL
PO Box 713
115 Kent Road Howell NJ 07731
Phone: 732-919-2825 Fax: 732-919-1212
www.howellpal.org

If mailing registrations, please send to our P.O. Box 713

(PAL Office Use Only)

CHECK _____ CASH _____ AMT _____ RECEIVED BY _____

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Howell PAL Participant Waiver

NOTE: This form must be read and signed before the member is allowed to take part in any Howell PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone: _____ DOB: _____

In consideration of my involvement in any Howell PAL program under the auspices of the Howell PAL, their officers, volunteers, staff, sponsors, and or agents acknowledge, appreciate and agree that:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT AND DEATH, while the particular rules of the sport, equipment, and personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.
2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.
3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest PAL Staff/Chaperone.
4. For myself, and on behalf of my heirs, those assigned as a personal representative and next of kin, hereby: release, hold harmless and promise not to sue Howell PAL, their officers, volunteers, staff, or sponsors. Further I and or my parent/guardian releases liability of any of the fore mentioned to any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct.
5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Howell PAL may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read this Release of Liability and Waiver of Agreement and fully understand its terms and sign it freely and voluntarily.

This signature is to certify that I, as a parent/guardian with legal responsibility for this participant, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and identify from all liability, incidents to my /our child's involvement as stated above.

X _____

Parent/Guardian Signature

Date Signed

X _____

Member Signature

Date Signed