The 2012 Rock Crab Lacrosse Camp will take place from July 16-20th on the scenic campus of Roger Williams University; located on the Mt. Hope Bay in beautiful Bristol, Rhode Island.

Camp is for Boys entering 3rd through 9th grades

REGISTRATION FEE: $285.00 (Goalies—$240)

Fee Includes:

• Instruction by coaches with over 30 years head coaching experience along with former and current RWU men’s lacrosse players
• Use of RWU’s brand-new FieldTurf stadium (grass field also available if weather is too hot)
• Rock Crab Lacrosse Camp reversible jersey
• Use of RWU pool (after lunch and before afternoon session)
• All campers will get meal pass to RWU Dining Commons for lunch daily. All-you-can eat at one of the top dining facilities IN THE NATION!
• Fields, Dining Commons, Pool and indoor facilities all centrally located and within 5-minute walk of each other
• Daily raffles & prize giveaways of Rock Crab Lacrosse and RWU gear, attire and equipment
• Certified Athletic Trainer will be on site for all days

Daily Schedule (Subject to Change):

8:15-8:45 Drop Off
8:45—9:00 Stretch & Warm-Up
9:00—11:15 Individual and small group instruction
11:15-12:00 Lunch
12:00-1:00 Pool / Rec Time
1:15-3:15 Afternoon Session / Scrimmages
3:15-3:30 Warm-Down / Daily Raffle
3:30-4:00 Pick-Up

ADDITIONAL CAMP AND REGISTRATION INFORMATION,
please contact Marty Kelly at 401.254.3073 or via e-mail at mkelly@rwu.edu.
REGISTRATION FORM:

Name: ______________________________________  Nickname: _______________________________
Age: _____________  Date of Birth: ______________________  Grade Entering (Fall '12): ___________
Height:  ___________  Position:  _____________ Yrs. Playing: ____________  Shirt Size: ____________
Parent’s Names:  _______________________________________________________________________
Parent(s) E-mail:  ______________________________________________________________________
Address:  ____________________________________________________________________________
City:  _____________________________  State: ______________  Zip: ___________________
Home Phone:  ______________________________  Cell Phone:  ______________________________
Camper Health Issues:  
_______________________________________________________________________________________
_______________________________________________________________________________________
Insurance Carrier: _____________________________________________________________________
Name of Insured:  ______________________________________________________________________
Policy #: _______________________________  Emergency Contact #:  _________________________

LIABILITY WAIVER:

I represent that I am the parent and/or legal guardian of the child named below and hereby give my permission for my child to participate in any and all activities at the 2012 Rock Crab Lacrosse Camp (“Camp”) at Roger Williams University (“University”). I agree to assume all risks associated with my child’s participation in the Camp, including but not limited to, the risk of bodily injury, death, and/or property damage. In consideration of my child being permitted to participate in the Camp, I agree to release, indemnify, and hold harmless the University, its trustees, directors, officers, employees, students, contractors, volunteers, affiliates, and agents, from any and all claims that I or any third party might have as a result of my child’s participation in the Camp. I give my consent for my child to receive emergency medical treatment in the event that my child becomes ill or is involved in an accident during the Camp. I understand that I will be notified at the emergency telephone number that I provide on this form in the event of an emergency involving my child.

Parent or Legal Guardian’s Signature: _________________________________ Date: _____________