**2019 SEVERN SCHOOL GIRLS LACROSSE CAMP**

**Week: June 17 -June 21**

**Day Camp Level 1**:

For girls entering kindergarten - 2nd grade

**Day Camp Level 2:**

For girls entering 3rd - 9th grade

**Cost:**

[ ] Half Day (9 am - 12 pm) $190

[ ] Full Day (9 am - 2 pm/12 pm on Friday) $290 (siblings $230)

**CAMP DIRECTOR**

**Erin De Falco**

Severn School

Girls Lacrosse Varsity Head Coach

Assistant Athletic Director

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More Information at: [**www.bemorelax.com**](http://www.bemorelax.com)

Complete this form and mail with payment to:

Be More Lax, LLC

538 Deep Creek View

Annapolis, MD 21409

Questions? Call us at 301-502-6183 or email us at bemorelax@gmail.com

**2019 Registration**

Please use an individual form for **each child.**

Name: Click or tap here to enter text.

Age: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Phone (H): Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

**Parent/Guardian**

Name: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

School Applicant Currently Attends:

Click or tap here to enter text.

Grade Entering Fall ’19:

Click or tap here to enter text.

Emergency Contact Phone:

Click or tap here to enter text.

Parent/Guardian Signature:

 ***Click or tap here to enter text.***

**Medical Information**

Name of Doctor: Click or tap here to enter text.

Doctor’s Phone: Click or tap here to enter text.

Is your child currently on any regular medication? Yes[ ] No [ ]

Allergies – Check all that apply

Hay Fever[ ]  Asthma[ ]  Peanuts [ ]

Penicillin[ ]  Insect Stings [ ] Poison Ivy/Oak [ ]

Other Drugs[ ]  Other Food Allergies [ ]

Other: Click or tap here to enter text.

Date of last tetanus:

Click or tap to enter a date.

Please detail any information pertinent to your child’s health and physical condition. This info will be treated as strictly confidential and available only to selected camp personnel.

[ ] I, hereby give the Camp Directors or their agents my permission to obtain emergency medical treatment for my child.

[ ] I, hereby give the Camp Directors or their agents My permission to photograph my child and to use the photos for promotion and publication.

Signature: ***Click or tap here to enter text.***

Date: Click or tap to enter a date.