**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](mailto: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? YesNo

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.