Tide Lacrosse
Prospect Camp
at Swarthmore College
www.tidelacrossecamp.com

Registration:
cost: $260 (no refunds after 7/1/15)

Register online:
www.tidelacrossecamp.com

Register by mail:
See page 2 for mail registration

Who?
Boys entering grades 9-12

Where?
Swarthmore College
Clothier Turf Field
Lodging in Swarthmore College Dorms

When?
July 14-15, 2015

Questions:
Pat Gress
610-328-8208
pgress1@swarthmore.edu
Mail Registration for Tide Lacrosse Prospect Camp

Return registration, payment and release to:

Tide Lacrosse
231 East 4th Street
Media, PA 19063
Checks payable to: Tide Lacrosse

First Name: ____________ Last Name: __________________
Preferred Nickname: ____________________________
Address: __________________________ City: __________________________
State: ______ Zip Code: _____________
Home Telephone Number: (____) ______-__________
Cell Telephone Number: (____) ______-__________
Emergency contact:
Name: ______________ Cell: (____) ______-__________
Personal E-Mail Address: ____________________________
Parent email address: ____________________________
High School Graduation Year: ______
High School: ____________________________
Position: ____________________________

All campers must be a member of US Lacrosse:
US Lacrosse ID # ______________ Exp Date __________
Assumption of Risk & Release of Liability

Name of Person Giving Release: ____________________________

Party Released: Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, faculty and staff, Tide Lacrosse LLC, John Patrick Gress, coaching staff, training staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my participation in the following activity: Tide Lacrosse Prospect Camp to take place on July 14-15, 2015.

I also understand that the activity set forth above is undertaken by me on a completely volunteer basis. I make this decision by choice and my participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage; physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, the potential for serious bodily injury, exposure to extreme conditions and circumstances; contact with other participants, spectators, or other natural or manmade objects; dangers arising from adverse weather conditions; situations beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers. I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

Acknowledgement of Assumption of Risk/Release of Liability:
I certify that my present age is _______ and that I am therefore of a lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

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<th>Signature of Participant</th>
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Parental or Guardian’s Acknowledgement of Assumption of Risk/Release of Liability for Minors:
I certify that the named child’s is ______ years of age I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I, together with the named child, have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

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Addendum: I certify that I am covered by an independent health insurance policy

Carrier and policy no.: __________________________________________________________