

Release/Waiver:

I am the parent or guardian of the registered student, a minor child. By checking below I accept this Release, Waiver, Indemnity Agreement and Covenant Not to Sue (the "Agreement") in consideration of the Town of Wrightsville Beach permitting my child to participate in the program for which I have registered my child offered through the Town of Wrightsville Beach Parks and Recreation Department. I acknowledge that participation in this program may involve strenuous physical activity on my child's part. I further acknowledge that participation in this event carries with it the potential for injury to my child. I state that my child is in proper physical condition to participate in this program. I agree to assume full responsibility for any injuries or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I do hereby release the Town of Wrightsville Beach, its officials, officers, agents, employees and volunteers, and their instructors (collectively the "Released Parties") from and waive all claims of whatsoever kind or nature that I or my child may have or which may accrue to me or my child at any time to include claims for injuries, damage or loss resulting from or on account of my child's participation in this program. I further agree to indemnify and hold harmless and to defend the Released Parties from any and all claims resulting from injuries, damages and losses sustained by me or my child arising from or on account of my child's participation in this program. I further covenant not to sue the Released Parties based on any and all claims resulting from injuries, damages and losses sustained by me or my child arising out of my child's participation in this program. This Agreement shall be construed broadly to provide a release, waiver, indemnity and covenant not to sue to the maximum extent permissible under applicable law. I hereby certify that I have read this release/waiver and I understand its contents.

I hereby give permission for images of my child, captured during the program through video, photo and digital camera, to be used solely for the purposes of Town of Wrightsville Beach promotional material, newsletters, websites and publications and waive any rights of compensation or ownership thereto.

Refunds:

Should I decide to cancel this registration, a full refund (less a \$5 administrative fee) will be made if requested at least two weeks prior to the start of the program. If requested less than two weeks in advance, 20% will be retained as an administrative cost. If requested after the program has started, 40% plus a pro-rated amount for all days already conducted will be assessed, whether or not the child was in attendance.

Parent/Guardian Signature and Date

Please mark your calendar for the session in which you've registered.
We **do not** make reminder calls or send reminder emails.

**Please mail registration form and payment to:
Wrightsville Beach Parks & Recreation, PO Box 626
Wrightsville Beach, NC 28480
910-256-7925**

LACROSSE CAMP

July 6—10, 2020

Ages 6 to 10

(rising 1st through 4th grades)

&

Ages 11 to 14

(rising 5th through 8th grades)



Wrightsville Beach Parks & Recreation

1 Bob Sanmyer Drive, P. O. Box 626

Wrightsville Beach, NC 28480

Phone: (910) 256-7925, Fax: (910) 256-7926

Email: parksand recreation@towb.org

www.townofwrightsvillebeach.com

LACROSSE CAMP

July 6 - 10, 2020

Coach Paul Gilbert leads the Wrightsville Beach Lacrosse camp which is geared toward the beginning player with an emphasis on fundamentals. This camp is intended to instruct the players with little or no experience to learn to play the game. The camp will focus on stick skills, dodging, shooting, individual offense and defense.

Ages: 6—10 (rising 1st—4th grades)

Time: 5:00 p.m.—7:00 p.m.

Fees: Wrightsville Beach Residents \$105
Non—Residents \$132

Ages: 11—14 (rising 5th—8th grades)

Time: 5:00 p.m.—8:00 p.m.

Fees: Wrightsville Beach Residents \$140
Non—Residents \$175

Equipment: Each child must bring his or her own equipment. Girls bring water bottle, stick, gloves, and mouth guard. Boys bring water bottle, stick, gloves, helmet, arm and shoulder pads, mouth guard, and athletic supporter. We suggest that items be marked with student's name.

Camp Size: Minimum 20 children. Ratio of children to instructor will depend on the number and ages of children who sign up for camp, but will be no greater than 10/1.

Weather: Unless the weather is severe (lightning and thunder), camp will be held at the scheduled time. In the event of a weather cancellation, that day will be made up on the Saturday of the program week or as determined by the instructor.

Please mail registration form and payment to:
Wrightsville Beach Parks and Recreation
PO Box 626, Wrightsville Beach, NC 28480

Please mark your calendar for the session in which you've registered.
We **do not** make reminder calls or send reminder emails.

Town of Wrightsville Beach Parks and Recreation Department

Other programs and activities offered by Wrightsville Beach Parks & Recreation include:

- Performance Club ~ Cotillion/Pre-Cotillion ~ Kids' Cooking ~ Safe Sitter® Babysitter Training
- Junior Lifeguard Program ~ Lacrosse Camp ~ QuickStart Tennis Camp for Youth
- Youth & Adult Tennis Lessons ~ Pickleball Lessons ~ Adult 4-on-4 Outdoor Basketball League
- Adult 7-on-7 Flag Football ~ Barre Fit ~ Cardio Crunch ~ Tone, Strengthen, & Stretch
- Deep Stretch & Meditation ~ Gentle (Hatha) Yoga ~ Vinyasa Yoga ~ Zumba® Gold
- Youth Flag Football, Basketball, & Soccer Programs ~ Line Dancing
- Bark in the Park Canine Disc Championship ~ Concerts in the Park ~ Farmers' Market

2020 LACROSSE CAMP

JULY 6—10, 2020

6—10 (rising 1st—4th grades)

5:00 p.m.—7:00 p.m.

Wrightsville Beach Residents \$105
Non—Residents \$132

11—14 (rising 5th—8th grades)

5:00 p.m.—8:00 p.m.

Wrightsville Beach Residents \$140
Non—Residents \$175

Student's Name

Student's Age/Date of Birth/Grade

Prior lacrosse experience? Date

Parent or Guardian Name

Street Address

City, State, Zip

Email Address

Primary Phone

Alternate Phone

Emergency Contact:

Name and Phone Number

Medical Information: List any physical conditions your child has that the instructor should be aware of (e.g. allergies, asthma, epilepsy, ADD, etc.)

Cut along the dotted line.

PLEASE COMPLETE REVERSE SIDE