

MIKE SPRINGER'S Vision Lacrosse AT SUPERDOME SPORTS



Boys Lax Camp

VISIONLACROSSE



Mike Springer's Vision Lacrosse Camp featuring coaches who have played at the most accomplished pro, club, high school and college teams and have been trained by the most respected coaches in the nation. You'll work with a staff that has seen what it takes to achieve an elite level in the sport of lacrosse.

Ages 7 to 18

Featuring:

- Professional instruction from Top Pros and All-Americans
- National specialists on every position including goalkeeping and face-offs
- FREE T-shirt, tank top and lots more
- Fun contests with prizes every day
- Awards for Most Improved, Fastest Shot and more...

9am - 3pm • Camp fee: \$369

<i>Check weeks attending</i>	
<input type="checkbox"/> June 29 – July 3	Franklin Lakes, NJ – Municipal Field
<input type="checkbox"/> July 6 – 10	Waldwick, NJ – Superdome Sports (ages 7 to 14 only)
<input type="checkbox"/> July 13 – 17	Waldwick, NJ – Superdome Sports (ages 7 to 14 only)
<input type="checkbox"/> July 20 – July 24	Ramsey, NJ – Don Bosco Prep
<input type="checkbox"/> July 27 – July 31	Ramsey, NJ – Don Bosco Prep
<input type="checkbox"/> Aug. 3 – Aug. 7	Ramsey, NJ – Don Bosco Prep

Registration Form

Player Name _____
 Position _____ Yrs. Experience (if any) _____
 School _____ Age (as of 7/1/09) _____
 Parent/Guardian Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Email Address (Registration will be confirmed via email) _____

Telephone : Work _____
 Home _____ Cell _____
 If Parent/Guardian is not available in case of emergency, contact:
 Name: _____ Phone: _____

Camp Fee: \$369
 Registration requires a non-refundable \$200 deposit for each session.
Book more sessions and SAVE: Two sessions, save \$50. Three sessions, save \$100. Four sessions save \$150.
Family Discount: Second (and additional) child from the same family attending the same session SAVES \$25.

BILL MY CREDIT CARD:
 Amex Discover MasterCard VISA
 Signature _____
 Card # _____
 Exp. Date ____/____ Security Code (on back of card) _____
 Billing Address _____
 City _____ State _____ Zip _____

■ \$35 service charge for each returned check
Each player must submit a completed waiver on reverse prior to attending.

**NO OUTDOOR CLEATS!
 Rubber-soled sneakers or turf-shoes only.**

Please make check payable to: "Vision Lacrosse"
Mail to: Vision Lacrosse, Admin Offices, PO Box 1673, LEH, NJ 08087
 Credit Cards Orders may be faxed to 609.296.2177
 All refunds will be given as CAMP CREDIT for future Vision Lacrosse Programs — no exceptions.





RELEASE and WAIVER of LIABILITY for NEGLIGENCE EXECUTED on BEHALF of a MINOR by MINOR'S PARENT or LEGAL GUARDIAN, ASSUMPTION of RISK, INDEMNITY and SAVE HARMLESS AGREEMENT ("AGREEMENT")

IN CONSIDERATION of _____ the minor being permitted to participate in any way in the Superdome Sports activity, I the parent and natural guardian of said minor, or myself, or personal representatives, assigns, heirs, and next of kin of said minor...

1. ACKNOWLEDGE, agree, and represent that I understand the nature of such activities and that I am of the opinion that said minor is qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe that such minor's health and physical condition should change so that it would be unsafe for such minor to continue to participate in such activity, I will immediately discontinue the minor's future or further participation in such activity.

2. I FULLY UNDERSTAND THAT: (a) such minor's participation in the aforesaid activities involve risk and danger of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks and dangers may be caused by said minor's actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of Unlimited Sports, LLC., and Superdome Sports, LLC.; (c) there may be other risks and social economic losses either known or not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and responsibilities for losses, costs and damages such minor may incur as a result of the minor's participation in the activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Unlimited Sports, LLC dba Superdome Sports, or, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and owner and lessor of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on said minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees, or otherwise, including negligent rescue operations, and I further agree that if despite this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, I or anyone on behalf of said minor makes a claim against the Releasees, I as parent or natural guardian, will indemnify, save and hold harmless each of the Releasees, from any litigation expenses, attorneys' fees, losses, liability, damage or costs of which they may incur as a result of such claim.

Waiver Release: My child is in good health and has my full permission to participate in vigorous lacrosse activities. He had no previous sickness, illness, disease, or any other condition that will affect his full participation. I fully understand that lacrosse is a contact sport and that physical injury may occur during the course of practice and games. In any event I cannot be reached, I give my full permission for such medical procedures as may be deemed necessary by an examining physician. I also understand that Vision Lacrosse, Inc. is not responsible for the loss of any personal belongings.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF SAID MINOR BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE TO SAID MINOR, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

This Agreement will remain in full force and effect at all times.

PLEASE WRITE LEGIBLY!

Printed Name of Minor _____

Printed Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone _____

Signature of Parent/Guardian _____

Insurance Company _____ Policy Number _____

Date _____ Email _____