

Lowcountry Lacrosse Camp  
at Porter Gaud

Instructors: Tom Harris and Jeff Mayer

This Offensive skills camp will focus on the main components of the game; cradling, passing, catching, groundballs, shooting and dodging.

More advanced areas such as unsettled situations, extra man opportunities, set plays, offensive formations and more will also be addressed. Join us for a fun-filled week and improve your skills at the same time.

Est. 2007

June 15-19th

8:30am-11:30am

Rising 4<sup>th</sup> -11<sup>th</sup> graders

\$110

Soccer Practice Field

To learn more go to **LOWLAX.COM** or contact:

[grosecrans@lowlax.com](mailto:grosecrans@lowlax.com)

## Summer Programs Registration Form

Porter-Gaud  
300 Albemarle Road  
Charleston, SC 29407  
(843) 402-4727  
www.portergaud.edu/summerprograms

Please complete and return the registration form. Checks should be made payable to Porter-Gaud School unless otherwise indicated.

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Grade in Fall, 2009 \_\_\_\_\_ Age as of 6/1/09 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's  
Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Work \_\_\_\_\_ Father's  
Cell \_\_\_\_\_

Mother's Work \_\_\_\_\_ Mother's Cell \_\_\_\_\_  
Email \_\_\_\_\_

T-Shirt Size: Please circle. Youth: S M L XL Adult: S M L XL XXL

### Program Name Dates Time Cost

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Cost \_\_\_\_\_ Amount Enclosed  
\$ \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Parental Authorization and Release

In consideration of, and as an inducement to the acceptance of this application by Porter-Gaud School, the undersigned understands, agrees, and acknowledges as follows:

1. Porter-Gaud School does not provide full insurance coverage for enrollees against expenses or accident, injury, or illness suffered while participating in the Summer Programs. Enrollment and participation are at the sole risk of the enrollee and his parent.
2. In any activity involving the undersigned's son or daughter and requiring emergency medical treatment or hospital admissions, under such circumstances as not to allow timely contact between program directors and the undersigned, this will authorize program directors to take such action as they deem necessary in the medical treatment of the undersigned son or daughter.
3. This will further serve as full release and discharge of Porter-Gaud School and the directors of the Summer Programs from liability from loss, damage, or injury suffered by the son or daughter of the undersigned arising out of or related to injury, illness, or loss while son or daughter of the undersigned is enrolled. The undersigned will indemnify Porter-Gaud School and the directors of the Summer Programs and hold them harmless against claim or suits brought by anyone as a result of such illness, injury, or loss.
4. The prestigious programs provided by third party, outside organizations or individuals have been highly recommended to Porter-Gaud School. Please know, however, the following classes to be held on the Porter-Gaud campus are not sponsored, staffed, organized, overseen, or warranted by Porter-Gaud School, and therefore cannot be responsible for any loss, damage, or injury arising from participation in unsponsored programs. The following classes are provided by third party, outside organizations or individuals: Art, Baseball, Camp Invention, Chinese, Basketball (Conroy) Basketball (Dennis), Dance, Drama, Fencing, Flip, Golf, Introduction to Robots, Karate, Mad Science, Music Unlimited, NASA, Princeton Review (ACT & SAT), Scene of the Crime, Tapio Dance and Tumble, and USA Chess/Video Creation, and YMCA Camps.

### Authorization to administer medication at school:

I hereby give my consent for \_\_\_\_\_ to be administered the following nonprescription medicines by any designated school representative, while on campus. This will be given according to the recommended dosage by age/weight.

Acetaminophen (Tylenol) \_\_\_\_\_ yes \_\_\_\_\_ no

Throat Lozenges \_\_\_\_\_ yes \_\_\_\_\_ no

Benadryl \_\_\_\_\_ yes \_\_\_\_\_ no

Ibuprofen (Advil) \_\_\_\_\_ yes \_\_\_\_\_ no

Other \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_