

I give my consent and approval for my son _____ to participate in the Knight Lacrosse Camp. I certify that he is physically fit to take part in the activities of camp. I have adequate medical insurance for medical expenses that may result from any injury sustained while he is participating in the camp activities. I agree not to hold St. Francis de Sales High School or any individual from the school or the camp staff members responsible for such expenses.

I authorize emergency medical treatment for my son in the event he needs such treatment and I am unavailable to give consent.

Signed _____ Date _____
Emergency phone numbers: Home _____ Work _____ Cell: _____

St. Francis de Sales High School
2323 W. Bancroft Street
Toledo, OH 43607

2008 KNIGHT



LACROSSE CAMP

For boys entering
Grades 4, 5, 6, 7, 8, and 9

Date: July 14-17

Time: 9:00 a.m.-11:30 a.m.

Location: St. Francis de Sales
High School

Cost: \$50.00

Campers may purchase a
Warrior Warpath Stick
for an additional \$35.