

Parental Statement

My child is physically capable of participating in lacrosse camp activities. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment

Parent/Guardian Signature:

Emergency Contact Name & Number:

Insurance Company & Number:

BYRNES HIGH SCHOOL



LACROSSE CAMP

Siobhan Ragan
Byrnes High School
150 East Main St.
Duncan, SC 29334



Girls Lacrosse Camp

June 27-29, 2017

8:00-11:00 am

Ages 7 & Up

*Not on JV or Varsity Squad

At Byrnes Freshman Academy

For More Information call 843.709.0336
Email: siobhanragan@yahoo.com

Rebels Girls Lacrosse Camp

During the camp your daughter will learn and participate in the following fundamentals:

- Stretching
- Throwing
- Catching
- Ground Balls
- Rules of the game
- Draw
- Shooting
- Defense
- Goal Tending (if applicable)

Cost:

\$40 and includes a shooting shirt

Camp will be directed by the
Varsity Head Coach:
Siobhan Ragan

****Goggle, Stick, and Balls will
be provided****

****Student must bring their
own mouth guard, sneakers or
cleats, and lots of water****

For any additional questions please call or
email Siobhan Ragan:

Siobhanragan@yahoo.com
843.709.0336

Registration Form

Student's Name

Guardian's Name

Address

Home Phone Number

Cell Phone Number

Grade Level Next School Year

Circle T-shirt Size:

Adult: S M L XL 2XL

Child: S M L XL

Please Make All Checks Payable to Byrnes High School

Please Mail Completed Registration Form, Release
Form, and \$40 to:

Byrnes High School
Attention: Siobhan Ragan
150 East Main St
Duncan, SC 29334

