

# RUTGERS Women's Lacrosse

1<sup>st</sup> Annual

## WINTER WARRIOR

### CHALLENGE

2010

Presented by Brand Elite L.L.C

Sunday, February 21<sup>st</sup>, 2010

Indoor Turf Facility

Open Girls' High School Lacrosse Clinic that will focus on 4v4 play.

**This camp is open to any and all entrants within the advertised age group provided space is available**

Players sign up as a team: Teams must have a minimum of 6 players (including GK) and maximum of 8. Each team **must** have a Goalie

\*Brand Elite will provide the championship team, runner up AND third place teams with PRIZES!

**EVERY TEAM NEEDS TO WEAR THE SAME COLOR**

\$50 per player

CHECK IN 7:45-8:15 at Bubble

Clinic begins at 8:15am and ends at 1:00pm

Directions to the Bubble : <http://www.scarletknights.com/facilities/directions-stadium.asp>

**Registration Deadline: Thursday, February 18th 2010**

# Winter Warrior Challenge Registration Form

No spots will be reserved by phone or email.  
Only by sending the money and forms together will a team be guaranteed a spot.

Each Player MUST fill out a registration form.

**\*All forms must be submitted together with all checks\***

Please make checks payable to: Brand Elite L.L.C

Registration Deadline: February 18<sup>th</sup>, 2010

For any questions, please contact: Women's Lacrosse at (732)-445-8853 or [wloxcamp@scarletknights.com](mailto:wloxcamp@scarletknights.com)

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name and Color: \_\_\_\_\_

Position: \_\_\_\_\_ Number of players on team: \_\_\_\_\_

GK (Name and Email): \_\_\_\_\_

Contact Person (include email): \_\_\_\_\_

## Rutgers University Lacrosse Winter Warrior Challenge Waiver and Assumption of Risk

PYCOMALL.COM

I hereby request that you accept the application of \_\_\_\_\_ in the 2010 Winter Warrior Challenge during the date set forth in this application, I hereby release Brand Elite L.L.C and Rutgers University, and all their trustees, officers, employees, and agents, from any and all liability of claims relating to any injuries that may be sustained by the camper while attending the 2010 Winter Warrior Challenge or any and all claims which may hereafter be presented by or on behalf of the participant (minor child) relating to such injuries. Such released claims for negligence, gross negligence or recklessness.

Authorization for Medical Treatment and Release: In case of emergency, if any medical attention is required by my child, I hereby give permission to Brand Elite L.L.C staff and/or Rutgers to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release Brand Elite L.L.C and Rutgers University, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment.

I further acknowledge that the above named individual is covered by health insurance...

Date: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mail completed forms and checks to: Rutgers Women's Lacrosse, One Scarlet Knight Way, Piscataway, NJ  
08854