

CheROOKIES Women's Camp

September 10th – September 11th, 2016

Registration form



Player details

First name

Surname

___/___/___
Date of Birth
(DD/MM/YY)

Preferred position (Goalie, defense, midfield, attack): _____

How long have you been playing lacrosse? _____

Legal guardian (to be filled out in case of a minor player)

First name

Surname

Telephone number

Disclaimer

Herewith I affirm that I am physically healthy and am able to cope with sportive activities. It is mandatory to wear a mouth guard during the camp. Googles are highly recommended. Potential injuries or diseases throughout the camp are covered by my medical insurance policy. The organizer of the camp (Vienna Cherokees Lacrosse Sportunion Club) cannot be held liable for injuries and/or accidents. The Vienna Cherokees Club cannot assume liability for brought along clothes, valuables and money. I agree that my data will be processed EDP-secured and all pictures/videos, which will be produced throughout the Camp, can be used for public relation work of the Vienna Cherokees Lacrosse Club and the Federation of Austrian Lacrosse (ÖLaxV).

City, Date

Signature
(In case of a minor player, signature of the legal guardian)

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