

2024/2025 Liberty High School Lacrosse Camps

(Please choose the session(s) you will attend)

Session _____ **Schools out -Girls Lacrosse Camps: \$50 Per Day(For students K-8th Grade)**

Girls Lacrosse Camp

- October 18th,2024 9AM - 11:30AM - Session 1
- March 17th, 2025 9AM - 11:30- Session 2
- April 17th, 2025 9AM - 11:30- Session 3
- April 18th, 2025 9AM - 11:30- Session 4

Boys Summer Camp 2025 - 6/23/25 - 6/26/25 9AM -11:30 Summer Session - Cost is \$175

Session _____ **Schools out Boys Lacrosse Camp: \$50 Per Day (For students entering 2nd -9th Grade)**

Boys Lacrosse Camp

- October 18th,2024 9AM - 11:30 AM - Session 1
- March 17th, 2025 9AM - 11:30 - Session 2
- April 17, 2025 9AM - 11:30 - Session 3
- April 18th, 2025 9AM -11:30 - Session 4

Boys Summer Camp 2025 - 6/23/25 - 6/26/25 9AM -11:30 Summer Session - Cost is \$175

- If you have more than one child attending camp, deduct 10% off total cost.

All camps have Limited Space Available!

Players must provide their own lacrosse equipment- Rental equipment is available through
Play It Again Sports in Ellicott City

All Sessions must be paid in full 1 week prior, any late payment must include \$10 Late Fee

Player's Name: _____ Current Grade: _____ School: _____

Phone #: _____ Cell Phone #: _____

Address: _____ Email _____

City: _____ Zip code: _____

Total Payment Enclosed: _____

Player's Name: _____ Current Grade: _____

Emergency Contact Person and Phone # _____

Please send the **registration** with payment to:

Liberty High School
Attn: Tom Brandel
5855 Bartholow Road
Eldersburg, MD 21784

****Please make checks payable to: **Tom Brandel******

Venmo Payment - @Tom-Brandel 443-310-9461

A cashed check will confirm registration into the camp!!

Liberty Athletic Booster Summer Camp Insurance Waiver

Name of Participant _____

Has my permission to attend the Liberty Lacrosse Camp.

I acknowledge having insurance coverage should an accident occur, and will not hold the Carroll County School district or any member of the camp staff or volunteers responsible should an accident occur.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Insurance and Contact Information

Name of Insured _____

Insurance Company _____

Policy # _____

Group # _____

Please complete insurance and registration form and mail to:

**Liberty High School
Attn: Tom Brandel
5855 Bartholow Road
Sykesville, MD 21784**