

THE 2015 BLUE DEVIL CHALLENGE:

7 v 7 Lacrosse Tournament and Clinic

It's time to get your teams together for the 5th annual Blue Devil Challenge on February 1st, 2015. Register your teams today for a fun filled day at DUKE University!!



HOW TO REGISTER

Place all of the following in ONE envelope...

1. Team Registration Form (below)
2. Team Registration Fee of \$700
3. All completed individual player waivers (make copies of waiver below)
4. A full team roster (TYPED!) including player names, cell phone #'s and emails.

Mail to the address below by JANUARY 17TH!!

Attn: Women's Lacrosse—Laurie DeLuca
Box 90543 Murray Building
Durham, NC 27708

No Refunds-Limited Enrollment-1st come 1st serve

WHERE: DUKE UNIVERSITY's BRAND NEW grass and turf practice fields

WHEN: SUNDAY FEBRUARY 1st, 2015

TIME: Check-in begins at 8:30am — playing until 1pm

COST: \$700 per team - Checks payable to **Duke Lacrosse Camp for Girls**

ROSTER FORMAT: Teams must have a minimum of 10 players but a maximum of 14 players. Each team must have at least one goalie.

TO BRING: Each team member must wear the same color shirt and bring a lacrosse stick, goggles, mouth guard, shoes for turf/grass, and a water bottle. Goalies must bring their own equipment.

Individual Players: For those interested in attending the event but do not have a team, please email Laurie DeLuca asking to be put on a 'House Team' list. Be sure to include the position(s) you play and your graduation year in the email. Nothing is guaranteed but you will be notified as soon as there are enough players to field a team. The fee for an individual player is \$75.

For updates and more information, please visit
www.dukelacrossecamp.com

Questions? Contact Laurie DeLuca (919) 668-5790 or dukewlax@duaa.duke.edu

TEAM REGISTRATION FORM

Team Name: _____ Team Jersey Color: _____ State/Region: _____

Grad Year/Age Group: _____ Coach's Name: _____

Contact Name: _____ Contact Email: _____ Contact Phone: _____

INDIVIDUAL PLAYER INFORMATION AND WAIVER

7v7 Team Name: _____

Player First Name: _____ Last Name: _____ Grade: _____

High School: _____ Circle one: Varsity JV Club Team: _____

Home Address: _____ State: _____ Zip: _____

Player Cell Phone: _____ Player Email: _____

Emergency Contact Name: _____ Emergency Contact #: _____

MEDICAL TREATMENT CONSENT: I, the legal guardian of the above-named camper, authorize the Duke Camp staff to seek medical treatment for the camper as they see necessary at Duke University Medical Center or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature _____ **Print Name** _____ **Date** _____

WAIVER & RELEASE STATEMENT: The undersigned, being a parent or legal guardian of the child requesting admittance to the clinic, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as condition of admittance to the Duke Women's Lacrosse Clinic, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby releases the Duke University, Duke University Athletic Association, the Duke Women's Lacrosse Program, and all other employees or agents of the clinic from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the applicant during or related to the clinic.

Applicants Name _____ **Parent/Guardian Signature** _____ **Date:** _____

Insurance Company _____ **Policy number** _____