

**HOMETOWN HEROES INDIVIDUAL APPLICATION 2010**

**BOYS**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-Mail address:PARENTS \_\_\_\_\_ PLAYER: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade as of Sept 2009 \_\_\_\_\_ School \_\_\_\_\_

Position: \_\_\_\_\_

Does your son have any medical problems that his/her coach should be aware of? Yes No

If yes please list \_\_\_\_\_

I give my son **(Please Print)** \_\_\_\_\_ permission to participate in the HOMETOWN HEROES LACROSSE CAMP. I understand that he will be covered by my own family insurance. I also understand that by participating in this sport, injury and or death may occur and I will not hold the HOMETOWN HEROES LACROSSE CAMP or its staff responsible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send a check payable to  
HOMETOWN HEROES**

**Amount \$425.00**

**Due by April 15, 2010.**

**THIS CLINIC WILL SELL OUT!**

**Please send a completed Release Form Along with the Check payable to  
Hometown Heroes**

**MAIL TO:**

**Hometown Heroes**

**2 Tulane Street**

**Farmingdale, NY 11735**

**CAMP WILL BE HELD ON THE FOLLOWING DATES: 6/23, 7/1, 7/8, 7/15, 7/22, 7/29 AT LONG ISLAND FIELDHOUSE LOCATED AT HOFSTRA UNIVERSITY. DEADLINE IS APRIL 15TH.**

**OFFICIAL USE: Method of payment \_\_\_\_\_ Amount \_\_\_\_\_**

**DATE \_\_\_\_\_ INITIAL \_\_\_\_\_**