East West Sports Camps
Girl's Lacrosse Arrival & Medical Form

Camper: _____
First Name *Last Name*

Camp Location: _____

Arrival Information

____ **Arriving by car directly to camp.**

____ **Arriving to the Airport, Bus or Train Station at** _____ **and**
Circle One *Time (pm/am?)*

taking a shuttle to camp.

Departure Information

____ **Departing by car.**

____ **Departing to the Airport, Bus or Train Station. Shuttle is scheduled for a**
Circle One

_____ **departure from camp.**
Time (pm/am?)

Medical/Insurance Information

Medical Insurance Company: _____**Phone: (_____)** _____

I.D. #:_____ **Plan Number:** _____

Special Medical Conditions: _____

_____

_____

Emergency Contact Information

First Name: _____ **Last Name:** _____**Phone: (_____)** _____

E-Mail: _____ **@** _____ **.** _____

Mail at Least Three Weeks (21 days) Before Camp to:

Paul Ramsey
East West Sports Camps
695 Russell Way
Santa Barbara, CA 93110

Or On-line submission is due two weeks (14days) before camp.
http://www.eastwestsportscamps.com/Arrival_InsuranceInfo.html