

Introduction to Girl's Lacrosse Fundamentals Clinic Registration Form

PLAYER INFORMATION

Player Name: _____
Home Phone: _____
Mobile Phone: _____
Player Email: _____
Home Address: _____

For 2010-2011 School Year:

Grade: _____ **School:** _____

If in middle school, which high school are you planning to attend? _____

Please indicate the gear you currently own:

Mouth guard	yes	no
Lacrosse stick	yes	no
Eyewear (goggles)	yes	no
Goalie gear	yes	no

Are you a current US Lacrosse Member? (not needed for clinics) **yes** **no**

If yes: USL Member # _____ **Expires:** _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

RELATIONSHIP	PARENT NAME	PARENT PHONE	PARENT EMAIL	Email List?
				yes no
				yes no
				yes no

Official use only: MS HS Waiver Signed _____ Clinic Dates _____

Stratford Girls Lacrosse Club / Spring Branch Memorial Lacrosse Club
Minor Waiver and Release of Liability

In consideration of being allowed to participate in any way with the Stratford Girls Lacrosse Club, the Spring Branch Memorial Lacrosse Club, and all their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating she should inspect the facilities and equipment to be used, and if anything is believed to be unsafe, immediately advise her coach or supervisor of such conditions so that they may be rectified.
2. Acknowledge and fully understand that each participant will be engaged in activities that involved risk of serious injury, including permanent disability or death, which might result not only from their own action, inaction or negligence, but also the action, inaction, or negligence of others; the rules of play; the condition of the premises or any of the equipment being used.
3. Assume all foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge, and covenant not to sue the Spring Branch Independent School District, Stratford Senior High, Texas High School Lacrosse League, United States Lacrosse, and all affiliated or non-affiliated teams, clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Parent or Guardian if participant is under 18

date

Parent or Guardian if participant is under 18

date

Printed Name of Parent(s) or Guardian(s): _____

Printed Name of Participant: _____