

LACROSSE CLINIC SUNDAY, DECEMBER 20TH 4:15 TO 7:15 PM

LOCATION- Baierl Center, Newman Field North Allegheny High School

Registration Fee: \$20

Make Separate Checks Payable to **NORTH ALLEGHENY YOUTH LACROSSE**

PLAYER DETAILS – Please Print Clearly

Name:

School:

Grade:

Address:

Home
Phone:

Player's

E-Mail:

PARENT/GUARDIAN INFORMATION – Please Print Clearly

FATHER: _____

MOTHER: _____

E-Mail: _____

E-Mail: _____

Cell Phone: _____

Cell Phone: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

EMERGENCY INFORMATION - Student's Birth Date _____

Emergency Contact Person's Name _____ Relationship _____

Address _____ Phone _____

Medical Insurance _____

Policy # _____ Policy Holder _____

Family Physician's Name

Address _____ Phone _____

Student's Allergies _____

Any health issues of which an Emergency Physician should be aware _____

PLAYER RELEASE, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in the NA Lacrosse program the undersigned participant and their parent/guardian with legal responsibility for this participant acknowledges and agrees that they fully understand the risk of serious injury assumed by participation in this program. They acknowledge that they have adequate health insurance coverage and the participant is also a member of US Lacrosse and has the additional insurance coverage that is extended to US Lacrosse registered players. They further acknowledge that they have read the US LACROSSE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT (which is incorporated by reference herein) and agree to abide by its terms as well as RELEASE AND HOLD HARMLESS the North Allegheny Lacrosse Association, its officers, directors, agents, and/or employees as "RELEASED PARTIES" under that agreement. The undersigned parties also hereby release the North Allegheny Lacrosse Association, its staff and volunteers, from any claims that might occur as a result of participation in out of town trips or games. In the case of a medical emergency, the parent/guardian also hereby authorizes an adult advisor to be their agent, with full authority to consent to any x-ray, examination, medical or dental treatment of their son, pursuant to the recommendation of a medical professional, if it is required during the course of the trip. It is understood that the parent will be contacted as soon as possible if such treatment is required. In addition, should the discipline of a participant become necessary

during the trip, the parent/guardian understands that it is their responsibility to travel to the place of the event and retrieve their son.

Participant Signature Date

Parent/Guardian Signature Date