

**SPRING BREAK REGISTRATION FORM**



**DATES:**

February 15th to February 19th

**INDIVIDUAL COST:** \$150.00 per player (Junior Player ages 6 to 13) or \$125.00 per player (High School)

**LOCATION:** The Hit Quarters - 3 Tennis Dive, Shrewsbury, MA 01545

**SOME OF OUR STAFF:** TOM BAKER (Director and Coach at Assumption College)

Chris Widelo (Coach Mount Ida College), Nate Evans (Boston Cannons), John Middleton (Director Team Central), Pat Gaffney (Coach Anna Maria College), Jeff McKee (Coach Assumption College) and more

**CONTACT:** Hit Quarters 508-842-5002 • hitquarters@gmail.com or XCEL 978-201-6621 • info@xcellacrosse.com

**Mail Registration Along With a Check Made Payable To:** Hit Quarters 3 Tennis Drive, Shrewsbury, MA 01545.

**SPRING BREAK 2010 PLAYER INFORMATION**

Players Last Name		First	Middle Initial	Position
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Birth Date (MM/DD/YY)	Age	Gender	Lacrosse Experience	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1-2yrs. <input type="checkbox"/> 2-3yrs. <input type="checkbox"/> 4+ yrs.	
Mailing Address			City	State
				ZIP Code
Email Home		Phone No.	Youth Program or High School Affiliation:	
( ) _____		( ) _____	_____	

**U.S. LACROSSE INFORMATION**

<input type="checkbox"/> U.S. Lacrosse Member	Expiration Date	Membership #	***U.S. Lacrosse Membership is required to attend Xcel Lacrosse Programs. Visit <a href="http://www.uslacrosse.org">www.uslacrosse.org</a> for more information on US Lacrosse and membership options.
<input type="checkbox"/> Not a Member **			

**EMERGENCY INFORMATION AND PARTICIPANT WAIVER**

Name of Parent / Guardian (please print)	Relationship to player	Emergency Number
_____	_____	( ) _____

(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my participation in Xcel Lacrosse, sponsored events and activities, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Xcel Lacrosse, LLC, Hit Quarters, LLC, Tom Baker and Chris Widelo, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

2. Medical Attention: I hereby give my consent to that Xcel Lacrosse, LLC, Hit Quarters, LLC, Tom Baker and Chris Widelo to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in that Xcel Lacrosse, LLC, Hit Quarters, LLC, Tom Baker and Chris Widelo sponsored or sanctioned events.

3. Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

X  
 \_\_\_\_\_  
 SIGNATURE OF PARTICIPANT DATE

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

X  
 \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE or PLAYER SIGNATURE IF 18 or OVER DATE