2012 Learn To Lax Lacrosse Clinic

Session 1: January 8, 15 & 22 **Session 2:** February 5, 12 & 19
11:00 a.m. – 12 Noon

Cost:
$50.00

All registration prices are based on a valid TEAMWORKS membership. Non-members, please add $15 to your registration for TEAMWORKS membership and insurance.

Mail registration form along with check made payable to Teamworks to:

TEAMWORKS
185 Otis Street
Northborough, MA 01532
- - -
chrisw@xcellacrosse.com · (508) 208-3920

2012 PLAYER INFORMATION

Players Last Name	First	Middle Initial	Position
			☐ Midfield ☐ Attack ☐ Defense ☐ Goal

Birth Date (MMDDYY)	Age	Gender	Previous experience?
		☐ M ☐ F	

Mailing Address	City	State	ZIP Code	Home Phone Number
				( )

Youth/Town Program Affiliation	Email (for communication related to the clinic)	TEAMWORKS Membership? **(Non-members add $15 to league registration)** ☐ Yes ☐ No	Membership #

EMERGENCY INFORMATION AND HOLD HARMLESS RELEASE FORM

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

In consideration of being allowed to participate in any way in the TEAMWORKS / XCEL Lacrosse programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TEAMWORKS, XCEL Lacrosse, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property; and,
5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorneys' fees if incurred in successfully defending against such claim.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

SIGNATURE OF PARTICIPANT (OVER 18 YEARS OLD) DATE

FOR PARTICIPANTS OF MINORITY AGE (Under 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____

PARENT/GUARDIAN SIGNATURE or PLAYER SIGNATURE IF 18 or OVER DATE

For office use only

Sport: _____ **Session:** _____

Team: _____ **Date Entered:** _____