



**LACROSSE TRAINING PROGRAM**

***"UNLEASH YOUR TRUE LACROSSE AND ATHLETIC POTENTIAL!"***

Mail Registration Along With a Check Made Payable To: **XCEL Lacrosse**. Mail To: 24 Piccadilly Circle, Jefferson MA 01522  
 Email: [info@xcellacrosse.com](mailto:info@xcellacrosse.com) • Website: [www.xcellacrosse.com](http://www.xcellacrosse.com)

**XCEL LACROSSE 2008 PLAYER INFORMATION - BOYS PROGRAM \$295.00**

Players Last Name		First	Middle Initial	Position
Birth Date (MM/DD/YY)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Lacrosse Experience <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 (    ) _____
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(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my participation in XCEL Lacrosse, sponsored events and activities, I agree to the following:

- 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, The Hit Quarters, 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.
- Medical Attention:** I hereby give my consent to that XCEL Lacrosse, The Hit Quarters, 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, The Hit Quarters, Tom Baker and Chris Widelo sponsored or sanctioned events.
- 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