



Lacrosse Indoor Clinic Registration Form

Saturday, June 23rd from 10:00 am – 3:00 pm

Registration due Thursday, June 21st

Please mail completed form with a check payable to Saint Mary's College Athletics in the amount of \$100

to:

Saint Mary's College

Athletic Department

Amy Long

Angela 131

Notre Dame, IN 46556

Or submit payment online at <https://reslifemc.wufoo.com/forms/saint-marys-lacrosse-clinic-sbq2gwp17hid2m/> and fax this form to 574-284-4797 or email it to lacrosse@saintmarys.edu.

Student Name _____ Cell Phone Number _____

Email Address _____ Age _____ Grade _____

Position(s) _____ High School _____

Parent Email Address _____

Waiver & Release of Liability

ASSUMPTION OF RISK FOR BODILY OR PERSONAL INJURY OR ILLNESS.

I voluntarily wish for the participant listed below to attend the Lacrosse Clinic sponsored by the Saint Mary's College Lacrosse team and coaching staff.

I know that fitness activities are potentially hazardous. I assume all risks associated with this event and I understand that there are certain risks associated with my child's participation in this lacrosse clinic. I know that these risks include, in the extreme, serious and permanent bodily injury and death. I know that by participating in the activities my child could be injured as a result of: exertion, other participants, equipment, and/or malfunction of equipment. I understand that an athletic trainer will be on duty at this clinic.

I understand that if my child is injured, my insurance serves as primary. I further acknowledge that my child does not have any medical conditions that would affect my child's fitness to participate in this clinic.

Having read this waiver and knowing these facts waive and release Saint Mary's College, the organizers, officials, volunteers and other participating agencies, from all claims or liabilities of any kind arising out of my participation in this event.

I have carefully read and fully understand this agreement. I am aware that this is a release of liability, a promise not to use, and a contract between myself and the Event Parties that will bind my marital community, heirs, personal representatives, assigns, and all members of my family, including any minors, and I sign this agreement of my own free will.

Participant's Name (print) _____ Date _____

Parent Signature since Participant Under 18 _____

Emergency contact name/relationship _____

Emergency contact phone number _____

Medical Insurance provider _____

Policy Number _____

(or attach a photocopy of insurance card)

Photo Consent Form:

By signing below **I consent to allow** my child's photo/image to be published in print, internet, and/or other forms of social media to promote the Saint Mary's College Lacrosse team's service events, camps, and/or clinics,. I understand that my child's name will not be used to identify her/him.

Date: _____

Child's Name _____

Parent's Signature _____