

2011 Summer Camp Clinic & League Play Registration Form

Player Name _____ **Team** _____

Camp, Summer League or Both (\$35 each, \$60 both) _____

Grade _____ **Age** _____ **Sex** _____ **School** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Mobile Phone** _____

Email Address _____

US Lacrosse Number _____

Parent / Guardian _____

Parents Contact _____

Permission and Emergency Contact Information:

I hereby give my permission for my son/daughter to participate in the Charleston Youth Lacrosse program. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, and agree to hold harmless the said Charleston Youth Lacrosse staff, volunteers and all sponsors for any claim arising out of injury to my son/daughter or property damage that might occur during the participation. I am aware of the hazards of Lacrosse and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by Charleston Youth Lacrosse, in my absence, act as my agent, to apply first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment if warranted on behalf of my child. EVERY EFFORT WILL BE MADE TO CONTACT PARENTS OR EMERGENCY CONTACT IN THE EVENT OF AN EMERGENCY.

Medical Condition _____

Parent Signature _____

Emergency Contact Name _____

Phone Number _____ **Relationship to Player** _____