Girl's Lacrosse Player's Clinic Feb. 20, 2010 Ballard High School, Seattle

# REGISTRATION FORM

NEW COACHES CLINIC : February 6th - 9:30 a.m. to 11:30 a.m.

*****Registration Form must be completed before adults may participate in the Clinic*****

Please send Registration Form with payment (checks payable to WSLA) to:
FEES: $20 (3 days before clinic) $25.00 Day of Clinic

Jessanne Allen
2044 217th Pl NE
Sammamish, WA 98074

Fees: $20.00 (3 days

$25.00 (day of clinic)

Please Print:
Name ______________________ Program ______ Level ______
Home Phone ______________________
Preferred Email Address:

EMERGENCY/CELL PHONE ______________________

**PARTICIPATION RELEASE**

(Name of Participant) ______________________ has hereby agreed to release and hold the Washington School Girls Lacrosse Association ("WSLA") and any of its coaches, administrators, or volunteers harmless from any and all claims arising out of any of the activities connected with the New Coaches Clinic. The undersigned participant agrees and represents that they understand the nature of the activities involved in participation in the clinic and fully understand that participation in the sport of lacrosse involves risks and danger of bodily injury.

The undersigned have read this agreement, fully understand its terms, understand that they have given up substantial rights by signing it and have signed it freely and without any inducement or assurances. The undersigned intends it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

______________________
PRINT Participant Name Date
Name Date

______________________
*Participant Signature* *Date*

**MEDICAL/INSURANCE INFORMATION**

I hereby give permission for the staff of the New Coache Clinic to seek appropriate medical attention for the participant for medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I, the undersigned, for myself, my heirs, executors, and administrators, waive, release and forever discharge the WSLA and its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in the Player's Clinic.
Insurance Company______________________ Policy Number ______________________

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*Participant Signature* *Date*

Please list any relevant medical conditions or allergies. List “None” if there are none.

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