



Wattles Park Men's Club

2009 Battle Creek Summer Lacrosse

Register for either or both programs:

MS boys 4th thru 8th Grade Clinic & 7v7

High School thru Adult 7v7

Name:			Age: ----- DOB:	Gender: M / F
Address:			Grade (September/2009): ----- School System:	
City:	State:	Zip:		
Parent(s)/Legal Guardian name:			Total Amount Enclosed: \$	
Parent(s)/Legal Guardian Phone: Home Work Cell(s)			Have Equipment? Y / N	
e-mail parent		e-mail player		
Emergency Contact Name and Phone Numbers:				

Registration Choice: Circle the program(s) you are registering for:

Sessions are on Tuesday Nights: Clinic (5:00 to 6:00) MS 7v7 (6:00 – 7:00) HS thru Adult (7:00 – 8:30)

Session: July 7 thru Aug 4 (5 Tuesdays) Clinic – \$20.00 MS 7v7 –\$20.00 (or both \$35.00)
HS thru Adult 7v7 – \$30.00

During the clinics players will learn the basic skills needed to play lacrosse. 7x7 is intended to give middle School thru Adults the opportunity to apply the skills learned in the clinics in a more competitive game setting.

Checks:

-Make registration fee checks payable to "Battle Creek Lacrosse".
Mail completed form and Check to Gary Lincoln, 13166 Eleven Mile Rd Ceresco, MI 49033.

Questions & Other Information:

-Questions about the program??? Rochelle Huggett 269-979-4857 or Gary Lincoln 269-979-4336

More information about the Battle Creek Lacrosse team can be found on the web site:

<http://etamz.active.com/BattleCreekLAX/>

*** Please include signed Waiver form with registration***

Participant Waiver

Release and Informed Consent for participation on the Battle Creek Lacrosse Team (Sponsored by the Wattles Park Men's Club)

(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my participation in the Battle Creek Lacrosse Team's sponsored events and activities sponsored by the Wattles Park Men's Club, I agree to the following:

I desire to voluntarily participate on the Battle Creek Lacrosse Team or clinics (Sponsored by the Wattles Park Men's Club).

I agree to assume the risk of such exercise and further agree to release from any liability, and hold harmless any respective coaches, volunteers, facilities, officers, directors, and agents from any and all claims, suits, losses, or related causes of action or damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from my participation in the Battle Creek Lacrosse Team. Furthermore the above named will not be responsible for any stolen or damaged items.

Medical Attention: I hereby give my consent to the Wattles Park Men's Club 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.

I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate. I understand that I am responsible for monitoring my own condition throughout any exercise program and should any unusual symptoms occur, I will cease my participation and inform a coach immediately of the condition.

In signing this release and consent form, I affirm that I have read this form in its entirety and that I understand its contents. I also affirm that my questions have been answered to my satisfaction.

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 on permitting my child to participate in lacrosse, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Participant's Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

6/8/2009