



Wattles Park Men's Club

2009 Battle Creek Summer Lacrosse

Registration for either or both programs:

Co-ed New Player Clinics (all ages)

Women's 7x7 Lacrosse (MS to Adult)

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 A limited amount of equipment: (stick and goggles) will be available for new players. It is recommended that players purchase a stick soon after starting to practice with at home.	
e-mail parent	e-mail player	
Emergency Contact Name and Phone Numbers:		

**Sign up still open:
Mail or Bring registration with you**

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

All sessions are on Wednesday nights: Clinics (5:30 to 7:00 PM) and girls 7x7 from (7:00 to 8:30 PM)

Session 1: June 10 to July 15	Co-ed clinics (new player - all ages) \$30	Girl's 7x7 (Mid/HS) \$30
Session 2: July 22 to Aug 26	Co-ed clinics (new player - all ages) \$30	Girl's 7x7 (Mid/HS) \$30

During the clinics players will learn the basic skills needed to play lacrosse and will get the opportunity to scrimmage too. Girls 7x7 is intended to give MS and HS girls the opportunity to apply the skills learned in the clinics in a more competitive game setting. It is recommended that Middle school, High School, Adult women new to the sport sign-up for both the clinic and 7x7.

Checks:

-Make registration fee checks payable to "Michigan Elite Lacrosse".
Mail completed form and Check to Brian Jacob, 104 Hidden Forest Rd. Battle Creek, MI 49014.

Questions & Other Information:

-Questions about the program??? Brian Jacob 269-924-9728 or Gary Lincoln 269-979-4336

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

<http://eteamz.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