



Bethlehem Girls Lacrosse

Summer Sessions!

Registration Form

Player Name _____

Address _____

Phone _____

E-mail _____

Graduation Yr & Yrs of Experience _____

Sessions you will be attending | 1 (July 5-7) | 2 (July 12-14) | 3 (July 26-28) | 4 (Aug 2-4)

Assumption of Risk & Liability Waiver

I am the parent/legal-guardian of this Player who has my permission to participate in the Bethlehem Girls Lacrosse Program. I understand and accept that risk of injury is possible while playing or practicing the sport of lacrosse. I knowingly and voluntarily assume these risks, and hereby release and hold harmless Bethlehem Girls Lacrosse, and all of its agents, representatives, and assigns, from all liability, claims, rights or causes of action which may accrue as a result of personal injury or property loss or damage sustained by Player arising out of, or as a consequence of, Player's participation in the Bethlehem Girls Lacrosse Summer Sessions. I authorize the directors of the clinic to act for me according to the best of their judgment in any emergency requiring medical attention. Anyone associated with this clinic will not assume player's medical or dental expenses as a result of participation in this program. No equipment will be provided, so each player must bring her own stick, and her own properly-fitted, protective equipment.

I hereby certify _____ is physically able to participate in the Bethlehem Girls Lacrosse Summer Sessions Program and I know of no physical impairments which would in any manner limit her participation in such a program.

PLAYER'S NAME

_____/_____
(Parent/Guardian signature) / (Date)

(Player Signature)

(Insurance Company)

(Insurance Policy #)