



# SB Girls Youth Lax

Girls Lacrosse Summer Clinic: Tuesday's 7/12, 7/19, 7/26, 8/2, 8/9

**Cost:** **Grades:** 2<sup>nd</sup>-8<sup>th</sup> grades

**Location:** South Brunswick High School

**Time:** Clinic runs from 6:30-7:30pm

*Every player must belong to US Lacrosse (may sign up by logging onto [uslacrosse.org](http://uslacrosse.org))*

Email: [sbgirlsyouthlax@gmail.com](mailto:sbgirlsyouthlax@gmail.com) with any questions.

Please fill out the form below and send to SBGYLL, PO Box 203 Kendall Park, NJ, 08824-0203 or bring it to the first session. Checks made payable to: SBGYLL

Players Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Names \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number 1 \_\_\_\_\_ Cell Number 2 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

US Lacrosse #: \_\_\_\_\_

## STATEMENT OF INDEMNIFICATION

I, the parent/ guardian of the player, a minor, agree that the player and I will abide by the rules of the SBYLC its affiliates and sponsors. Recognizing the possibility of physical injury associated with lacrosse, and in consideration for the SBYLC accepting the player for its lacrosse programs and activities, I hereby release, discharge and/or otherwise indemnify the SBYLC, its affiliates and sponsors, its employees, board members, officers, coaches, volunteers, independent contractors, and associated personnel, including the owners of facilities utilized for its programs and activities, against any claim by or on behalf of a player as a result of the player's participation in the programs and activities and/ or being transported to or from same, which transportation I hereby authorize.

**Parent/Guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. We certify that all of the information provided on this form is correct. We consent and grant permission to the coach, asst. coach, and club representatives to obtain any necessary medical care as a result of injuries sustained by the player in this activity. We accept the financial responsibility for such medical care or treatment.

**Parent/Guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## HEALTH AND INSURANCE

We certify that the player is in good physical condition and has passed a recent physical examination concluding that the player is qualified to participate in a rigorous sport like lacrosse. We also certify that we have purchased, and will maintain in effect, the following insurance policy:

**Health Insurance Co.** \_\_\_\_\_

**Policy No.** \_\_\_\_\_

**Name of Insured** \_\_\_\_\_

**Relationship to Player** \_\_\_\_\_

I, the undersigned parent/guardian, have read this form and understand all of the expectations and requirements for participation in the South Brunswick Youth Lacrosse Club