



# SBGYLL

## GIRLS LACROSSE SUNDAY FUN-DAY!

**When:** Sunday October 15th and October 22nd from 2-4pm (Please arrive by 1:45pm)

**Where:** South Brunswick High School Turf Fields (750 Ridge Road)

**Cost:** Free (ALL GIRLS MUST HAVE A VALID US LACROSSE NUMBER)

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

All girls in K-8<sup>th</sup> grade are welcomed! No experience necessary and equipment will be provided for those who need it. Bring this form to the clinic in order to participate.

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

Parents Names \_\_\_\_\_ US Lacrosse Number: \_\_\_\_\_

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

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

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

### 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 SBGYLL its affiliates and sponsors. Recognizing the possibility of physical injury associated with lacrosse, and in consideration for the SBGYLL accepting the player for its lacrosse programs and activities, I hereby release, discharge and/or otherwise indemnify the SBGYLL, 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. \_\_\_\_\_  
No. \_\_\_\_\_

Policy

Name of Insured \_\_\_\_\_  
Player \_\_\_\_\_

Relationship to

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_