

Date: Saturday, November 28th, 2020 Location: Lebanon Valley College, Arnold Field (Turf Stadium) 5th - 8th Grades: 9AM - 11AM | 9th - 12th Grades: 11AM - 1PM \$100.00 Clinic Fee (Includes T-Shirt) Contact Information: John Haus, haus@lvc.edu, 717-867-6368 Player Name: Grade and School (Fall 2020): Position(s): Email(s): Address: City: State: Zip: Date of Birth: Phone Number(s): Parent(s) Name(s): \*US Lacrosse #: **Expiration Date:** Shirt Size: \*All players will be required to be members of US Lacrosse to participate. If a player is not a US Lacrosse member, a US Lacrosse registration form can be downloaded from the website - www.lacrosse.org\* Waiver of Liability In consideration of participating with Full Haus Lacrosse, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Full Haus Lacrosse, their officers, staff, administrators, volunteers, sponsors, and representatives and assigns for and against any and all claims, actions, cause of actions, suits, judgements and demands whatsoever arising directly or indirectly in connection with the player's participation with Full Haus Lacrosse. By signing below, I acknowledge that I have read and understand this form and further understand the terms and herein are contracted and not a mere recital. Signature of Parent/Guardian: Date: Medical Release I being the parent or legal guardian of the above named player, authorize the staff of Full Haus Lacrosse to request treatment as necessary to ensure the well- being of our dependent. I certify that he is in good health and able to participate in the scheduled events. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for Signature of Parent/Guardian: Date: Health Insurance Company: Policy Number:

Full Haus Lacrosse

Send Checks Payable to 'LVLC' and the Player Registration Form to:

PO Box 413

Palmyra, PA 17078