

University of Rochester Girl's Lacrosse Clinic

**RESERVE YOUR
SPOT TODAY!**

SECURE A SPOT BY
EMAILING COACH BEHME

*REGISTRATION
DEADLINE IS
WEDNESDAY JULY 15,
2015

University of ROCHESTER
welcomes you...

Come play with the
best!

Date: Sunday August 16, 2015

Join us for this wonderful
lacrosse event on the
beautiful campus of the
University of Rochester.

Time: 9:30 am-11:30 am

CLINIC SCHEDULE

Grades: 5th-6th

9:00 am: Check in @ Fauver
Stadium Lobby

9:30 am – 11:30 am: Clinic

11:30 am - 12:30 pm: Lunch
in dining hall on campus

12:30 pm: Depart Fauver
Stadium Lobby

Location: University of Rochester
Fauver Stadium

Cost: \$65.00 (includes lunch)

**MELIORA
“EVER BETTER”**

*Additional clinic details will be emailed once we
receive your registration in the mail.

2015
University of Rochester
5th & 6th Grade Girl's Lacrosse Clinic
Registration Form

**REGISTRATION
DEADLINE
WEDNESDAY
JULY 15, 2015**

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Address & Phone: _____

Emergency Name & Phone: _____

Parent's Email (PLEASE print clearly): _____

Participant grade to enter in Fall 2015: _____

Age during camp: _____

Position: Field Player _____ Goal Keeper _____ (please check if applicable)

***PLEASE RETURN ALL REQUIRED INFORMATION VIA MAIL TO COACH SUE BEHME (ADDRESS BELOW):**

- 1. REGISTRATION FORM**
- 2. GIRL'S LACROSSE WAIVER FORM FOR MINORS**
- 3. MEDICAL FORM**
- 4. FULL PAYMENT OF \$65.00**

Check Accepted Only / Payable to University of Rochester

***GIRL'S LACROSSE WAIVER FORM MINORS & MEDICAL FORMS ARE BELOW.**

***REGISTRATION CONFIRMATION & DETAILS WILL BE SENT VIA EMAIL.**



UNIVERSITY of ROCHESTER

PART I Acknowledgement and Release Agreement

I, _____, am the parent or legal guardian of _____, whom I wish to participate in the GIRL'S 5TH & 6TH GRADE LACROSSE CLINIC (the Activity) offered by University of Rochester. As a precondition to Participant participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the reverse side of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction.

Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that I may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees"). I understand that I am not required to participate in the Activity and that I choose to do so voluntarily and free of duress.

2. Liability Release. In consideration for U of R allowing me to participate in the Activity, I agree I will not sue the Releasees and I hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that I may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.

3. Statement of Physical Fitness. I state that I am physically fit and in a condition that will allow me to participate fully and safely in the Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity and Releasees are relying on my statement of my physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in the Activity.

4. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.

5. Governing Law. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In the event of an emergency, the emergency contact that is listed on my registration form will be contacted via phone by a staff member as soon as possible.

ACTIVITY DETAIL FORM

Name of Activity: GIRL'S LACROSSE CLINIC 5TH & 6TH GRADE

Date(s) of Activity: SUNDAY AUG. 16, 2015

Location of Activity: FAUVER STADIUM

Description of Activity: Participation in GIRL'S LACROSSE CLINIC, which may include training, practices, drills and competitions, some of which may involve bodily contact with others and with equipment.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below:

Physical injury, including but not limited to broken bones, concussions or other head injuries, organ damage, torn ligaments and tendons, cardiac injury, and even death. These may be accompanied by psychic injury or mental anguish. These risks may result from participation in practices, training drills and competitions, and during travel to and from practices and competitions.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age (or that I am the Parent/Guardian of the Participant if he or she is under 18).

Name of Parent or Legal Guardian (printed)

Signature

Name of Participant (printed)

Phone number where parent/legal guardian
can be reached in case of emergency

Date

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)

PART II

**2015 GIRL'S LACROSSE CLINIC
5TH & 6TH GRADE
Rules and Regulations**

- 1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- 2) Participants may not leave University property or the program without permission of the Program Sponsor.
- 3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- 4) No use of tobacco products.
- 5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.
- 6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.
- 7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.
- 8) As the parent or legal guardian, I declare that I have read, understand, and approve the rules, and give permission for my child to participate in GIRL'S LACROSSE CLINIC.

Any participant who is found behaving in direct violation of these rules will be removed from the GIRL'S LACROSSE CLINIC immediately.

In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Parent or Legal Guardian (printed)

Signature

Name of Participant (printed)

Date

PART III

Emergency Contact Information (Parent/Guardian to keep this page)

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR security, please use the contact information listed below to reach the staff members.

(List coaches who will be at event):

Name Sue Behme Office: 585-275-1030 Cell: 585-789-8170

UR Security – (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.

**2015 UNIVERSITY OF ROCHESTER 5th & 6th GRADE
GIRL'S LACROSSE CLINIC
MEDICAL HISTORY FORM**

Please return this form by mail with all registration requirements.

To Whom It May Concern:

I, _____, give permission for first aid or medical treatment to be given to my daughter, _____ if deemed necessary by the Certified Athletic Trainer or qualified physician. The following health history is correct as far as I know, and the permission to engage in all prescribed camp activities, excepted as noted by our family doctor or me is given.

_____ (Date) _____ (Signature of Parent/Guardian)

Camper's Full Name: _____

Address: _____ City/State/Zip: _____

Phone Number: () _____ Parent/Guardian Name: _____

Emergency Contact: _____ Emergency Number: () _____

Family Doctor's Name: _____

Family Doctor's Address: _____

City/State/Zip: _____ Doctor's Phone: () _____

Does the camper have medical insurance? Yes or No (please circle)

Insurance Carrier Name: _____

Insurance Policy Number/Group: _____

Insurance Carrier Phone Number: () _____

Last Tetanus and Immunizations against diphtheria, measles, mumps, poliomyelitis and rubella:
(Please include dates) _____

Has the camper had a physical examination performed within the last year? Yes or No

Does the camper have any allergies? If yes, please list. _____

Does the camper currently take any medication (s) or does she have any reactions to penicillin or any other prescriptions? If yes, please list. _____

