



PLEASE, PRINT THIS PAGE, COMPLETE IT, AND BRING IT WITH YOU TO THE FIELD ALONG WITH YOUR PAYMENT (check made out to StickStar Lacrosse or cash)!

Your insurance card (both sides) should already be on file as you should have completed the 2018 Player Information Form prior to registering for this seminar.

Thank you for your cooperation!

1. PERMISSION AND RELEASE

I (we), the undersigned, for ourselves, our heirs, executors, and administrators, authorize player's participation in the indicated camp. In and for consideration of player's participation, I (we) hereby release, and forever discharge and agree to indemnify and hold harmless, StickStar Lacrosse, its staff, officers, agents, employees, representatives, successors, and assignors from any and all claims, suits, liability for damages, economic or otherwise, sustained by reason of personal injury or death, arising out of, or directly or indirectly, which may be sustained or occur during participation in team activities including, but not limited to, games and practices, whether or not damages, injury, or loss are due to negligence. I (we) fully understand the inherent dangers and risks of participating in the sport of lacrosse including, without limitation, the risk of injury to personal property and the risks of catastrophic injury, paralysis, and even death. As the parent or legal guardian of the player, I hereby verify by my signature below that I fully understand, agree to, and accept each of the provisions 1 - 4, including, without limitation, the current paragraph 1.

2. EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I (we), the undersigned, hereby certify that I (we) am the parent/legal guardian of the player listed below and give permission to StickStar Lacrosse to seek appropriate medical attention as required to ensure the well-being of my (our) player.

3. PHOTO AND VIDEO RELEASE

I (we) give StickStar Lacrosse permission to use my player's image (photograph or video) in materials promoting StickStarLacrosse.com. YES _____ NO _____

4. INFORMATION RELEASE

I hereby authorize StickStar Lacrosse to release my player's (_____); player's name) information to college coaches. YES _____ NO _____

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Parent/Guardian Cell Phone

Payment may be made at check-in via check (made out to StickStar Lacrosse) or cash.

WE LOOK FORWARD TO SEEING YOU!

(If you are registering more than one player, you only need one of these forms with all names included.)