Name:_____

Address:_____

City/State/Zip:_____

CLINIC WAIVER and REGISTRATION:

Check One:

North Denver: Clinic : _____

PUEBLO: . Clinic :_____

Home Telephone:_____ E-mail:_____

Grade:_____

School:_____

Name of Parents/Guardians:_____ Date_____

I hereby authorize the CGLA clinic staff/DU or Colorado College coaching staff to act for me in according to their best judgment in any emergency requiring medical attention, and hereby release, discharge, indemnify, and hold harmless the CGLA Lacrosse clinic, the Colorado Girls Lacrosse Association, DU and Colorado College coaches and players from all liability incurred at the clinic. I understand and assume the hazards and risks associated with this activity and waive all claims against the clinic, staff, the CGLA, and Regis University

Parent/Guardian Signature:_____

MEDICAL FORM

Emergency contact person:_____

Cell Telephone:_____

I/ certify that the above player is in good health and able to participate in the clinic.

Signature:_____ Date_____