GIRLS' MIDDLE SCHOOL SUMMER LACROSSE LEAGUE

YOU CAN ENTER AS A TEAM WITH A MAX OF 18 PLAYERS OR AS AN INDIVIDUAL.

GIRLS' MIDDLE SCHOOL SUMMER LEAGUE—GRADES 5-8

GIRLS, THIS IS A GREAT OPPORTUNITY TO IMPROVE YOUR LACROSSE SKILLS IN A FUN ENVIRONMENT! KEEP PLAYING THE GAME YOU LOVE IN A COMPETITIVE AND FRIENDLY SUMMER SETTING!

- CERTIFIED OFFICIALS
- GAMES WILL BE AT 6 AND 7 PM
- TUESDAY NIGHTS, JUNE 21-JULY 26
- GAMES AT MAUREEN M. WELCH ELEMENTARY,
  750 NEW ROAD. CHURCHVILLE, PA. 18966
- TEAM TEE SHIRTS WILL BE PROVIDED
- TOURNAMENT PLAY-NO WINNERS OR LOSERS
- PLAYERS MUST BE US LACROSSE MEMBERS
- PLAYERS MUST HAVE MOUTH GUARD, STICK AND GOGGLES

COST: $75 PER PLAYER

GOALIES PLAY FREE!!

FOR MORE INFORMATION OR QUESTIONS, PLEASE CONTACT
LORMA CAPILI @ 267-885-4166 OR LORMACAPILI@GMAIL.COM

PLEASE COMPLETE FOLLOWING FORM AND MAIL WITH PAYMENT TO LORMA CAPILI, 2082 KATYDID COURT, WARRINGTON, PA 18976, NO LATER THAN JUNE 17, 2011.

GIRLS' MIDDLE SCHOOL
SUMMER LACROSSE LEAGUE

PLEASE CIRCLE CURRENT LACROSSE STATUS:

BEGINNER INTERMEDIATE ADVANCED #YRS PLAYED_____

PLEASE INDICATE ANY SPECIFIC TEAM/REQUESTS: _____

NAME: _____ _____HOME/CELL PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

AGE: _____BIRTHDAY: _____ GRADE FALL '12_____E-MAIL ADDRESS: _____

MOTHER'S NAME: _____ WORK #: _____ CELL #: _____

FATHER'S NAME: _____ WORK #: _____ CELL #: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

ADULT SHIRT SIZE: XS SM M L XL

GMSS LACROSSE LEAGUE WAIVER FORM

GMSS LACROSSE LEAGUE OFFERS A PROGRAM THAT INCLUDES, BUT IS NOT LIMITED TO, LACROSSE INSTRUCTION, LACROSSE SCRIMMAGES AND OTHER ACTIVITIES AS DESIGNED AND IMPLEMENTED BY OUR LACROSSE PERSONNEL. I, THE UNDERSIGNED, OR THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT LISTED BELOW, CERTIFY THAT THE PARTICIPANT IS IN GOOD HEALTH AND IS ABLE AND WILLING TO PARTICIPATE IN SUCH PROGRAM. IF APPLICABLE, FURTHERMORE, (NAME OF PARTICIPANT) _____, HAS MY PERMISSION TO PARTICIPATE IN GMSS LACROSSE LEAGUE. IN CONSIDERATION FOR THIS SPONSORSHIP, I/WE HEREBY ASSUME ALL RISKS AND HAZARDS ASSOCIATED WITH THE PARTICIPATION OF THE ABOVE-IDENTIFIED INDIVIDUAL AND THE PROGRAM AND AGREE TO HOLD HARMLESS GMSS LACROSSE LEAGUE AND ALL STAFF FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY OR DAMAGE TO PROPERTY ARISING OUT OF THE PARTICIPATION IN THIS PROGRAM WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE. I AGREE THAT GMSS LACROSSE LEAGUE SHALL HAVE THE RIGHT AT ITS DISCRETION TO ENFORCE ESTABLISHED RULES OF CONDUCT AND/OR TERMINATE MY/ MY CHILD'S PARTICIPATION FOR FAILURE TO MAINTAIN THESE STANDARDS OR FOR ACTIONS OR CONDUCT DETRIMENTAL TO OR INCOMPATIBLE WITH THE WELFARE, COMFORT, HARMONY OR INTEREST OF THE GROUP AND ITS PROGRAM AS A WHOLE. I HEREBY GRANT GMSS LACROSSE LEAGUE, AND ANY OF ITS STAFF FULL AUTHORITY TO TAKE WHATEVER ACTION THEY CONSIDER TO BE WARRANTED REGARDING MY/ MY CHILD'S HEALTH AND SAFETY, AND I FULLY RELEASE ALL OF THEM FROM ANY LIABILITY FOR SUCH ACTIONS TAKEN ON MY/ MY CHILD'S BEHALF. **I AM AWARE THAT REFUNDS WILL NOT BE GRANTED WITH THE EXCEPTION OF A WRITTEN MEDICAL EXCUSE FROM A PHYSICIAN.**

PARTICIPANT'S WAIVER AND RELEASE

MEDICAL HISTORY AND CONSENT FOR MEDICAL TREATMENT OF MINOR/SELF

DESCRIBE IF YOU/YOUR CHILD HAS ANY ALLERGIES: I.E., MEDICINE, FOOD, INSECTS, SUN, GRASS, ETC. OR ANY OTHER MEDICAL SITUATION YOU FEEL THE CAMP STAFF NEEDS TO KNOW (I.E. AUTISM, BIPOLAR, ETC.):

_____.

I HEREBY GIVE MY PERMISSION FOR ANY AND ALL MEDICAL ATTENTION NECESSARY TO BE ADMINISTERED TO ME/MY CHILD IN THE GMSS LACROSSE LEAGUE STAFF UNTIL SUCH TIME AS I/EMERGENCY CONTACT MAY BE NOTIFIED. IF APPLICABLE, I FURTHER AUTHORIZE THE GMSS LACROSSE LEAGUE STAFF IN MY ABSENCE TO AUTHORIZE IMMEDIATE FIRST AID TO ME/ MY CHILD AND EMERGENCY TRANSPORT TO THE APPROPRIATE MEDICAL CARE FACILITY. I UNDERSTAND THAT NO HEALTH, AND/OR ACCIDENT INSURANCE IS PROVIDED FOR PARTICIPANTS AND I ALSO HEREBY ASSUME THE RESPONSIBILITY FOR PAYMENT OF ANY SUCH TREATMENT AND RELEASE GMSS LACROSSE LEAGUE. AND ITS STAFF FROM ANY AND ALL LIABILITY OR CLAIMS ARISING OUT OF AN INJURY, ACCIDENT OR SICKNESS TO ME/MY CHILD. IF APPLICABLE, I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE; THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND CONSENT FOR MEDICAL TREATMENT; AND THAT I JOIN IN THE RELEASE WITHOUT RESERVATION, GRANTING MY FULL CONSENT TO ALL ACTIONS PROVIDED FOR THEREIN.

US LACROSSE MEMBER ID_____

NAME OF INSURANCE _____

INSURANCE ID #_____

SIGNATURE OF PARENT/LEGAL GUARDIAN/SELF_____ DATE _____