



**Registration, Waiver & Release Form**

***Before you commit to our lacrosse training, you must understand that the trainers will provide techniques, field sense, game situation drills, and positive motivation to help your son succeed in lacrosse. To become a great lacrosse player your son must practice on his own almost everyday.***

**Helmet and Gloves Required**

**No Refunds (all Laxskills expenses paid prior to each session)**

**Circle one:**    \*Beginner    \*Advanced Offense    Defense    Goalie    Face off

**\*Beginner: Player cannot pass and catch consistently**

**\*Advanced Offense: Player can pass and catch consistently on the run**

**Player Information**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Player Email** \_\_\_\_\_

**Mother Name & Cell #** \_\_\_\_\_

**Mother's Email** \_\_\_\_\_

**Father Name & Cell #** \_\_\_\_\_

**Father's Email** \_\_\_\_\_

**Graduation Year** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**Position(s)** \_\_\_\_\_ **Years Played** \_\_\_\_\_

Players must provide **all** of their own protective equipment. (Gloves, Helmet, Stick). Players must wear shirt and shoes at all times. No inappropriate language, actions, or dress will be tolerated.

**Waiver and Release**

You (the guest/member) agree that if you engage in any physical exercise, class or activity, or use any club equipment or facility on the premises, you do so at your own risk. You agree that you are voluntarily participating in activities and use of the facilities and premises (including the parking lot) and assume all risk of injury, illness, damage or loss to you or your property that might result, including, without limitations, any loss or theft of any personal property. You agree to release and discharge us (and our affiliates, employees, agents, representatives, successors and assigns), as well as, any laxskills trainers from any and all claims or causes of action (known and unknown) arising out of our negligence. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against us for our negligence.

\_\_\_\_\_  
Parent's/ legal guardian's signature

\_\_\_\_\_  
Date

Mail completed form and payments to: Buck Sharretts  
443 Fox Catcher Rd  
Bel Air, Md. 21015