

## MAIL IN REGISTRATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Position (Circle): DEFENSE ATTACK MIDFIELD NONE

Name of Parent/Guardian \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Emergency Contact/Number: \_\_\_\_\_

Waiver of Liability: In signing this form, I release SMCM, the women's lacrosse program, and other involved parties, from any claims or responsibility for any injuries suffered in the play day. I knowingly assume all risk associated with participation, even arising from negligence from the participants or others and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in the SMCM Prospect Clinic. Further, I authorize the site director to request medical treatment as necessary to ensure my well-being.

Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

### Release of Liability

I, the undersigned as the parent/guardian of my child, \_\_\_\_\_, a minor, request that he/she be admitted to participate in the St. Mary's College of Maryland Lacrosse Prospect Clinic. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the staff at SMCM from all cases. Liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising from the minor's attendance at the clinic or in the course of competition and/or activities held in connection with the clinic.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Checks Made Payable To:  
St. Mary's College of MD**

**Mail to:  
St. Mary's College of MD  
47465 College Dr.  
St. Mary's City, MD  
20686  
Attn: Erin McDonnell/  
Women's Lacrosse**