

# GEORGETOWN VISITATION LACROSSE PRESENTS



## LAX - O - WEEN

Come join the nationally ranked Georgetown Visitation lacrosse players and coaching staff for a fun fall morning of lacrosse!

**OCTOBER 25<sup>th</sup>, 2014**

**9:00 a.m. – Noon**

**Georgetown Visitation**

**McNabb Turf Field**

**OPEN TO GRADES 6<sup>th</sup> – 8<sup>th</sup>**

**\$50 Registration Fee**

**(T-shirt and Pizza included!)**

If interested, please RSVP TO: [LACROSSE@VISI.ORG](mailto:LACROSSE@VISI.ORG) by **October 18<sup>th</sup>** and include answers to the following:

- 1) Name**
- 2) Grade**
- 3) School**
- 4) Club (if any)**
- 5) Preferred Position**
- 6) Emergency Contact (cell phone)**

***\*Please bring cash or a check with you to registration (checks made payable to GVPS).***

**\*Registration begins promptly at 9:00 a.m.**, stations and games will run from 9:30 a.m. -11:30 a.m. and a pizza lunch will follow. Girls will participate in competitive drills, skill stations and small sided scrimmages. There will be PRIZES and CANDY!!

**\*NOTE:** All girls must bring the attached WAIVER, their stick, goggles, mouth guard, reversible pinny (if you have one) and water bottle in order to participate.\*

## HEALTH AND RELEASE OF LIABILITY WAIVER

I agree, warrant and covenant as follows:

Release for Medical Treatment: "I, the parent or guardian of the named GEORGETOWN VISITATION participant(s), give permission for my child \_\_\_\_\_ to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the Emergency contact recorded, before taking action. I hereby waive and release GEORGETOWN VISITATION staff, students and any volunteers from any liability for any injury or illness, claims or demands sustained while participating in a camp/clinic/ training session, however arising, or traveling to and from the activities. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CLINIC / CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during clinics and/or camps or resulting from any injury received at clinics/camps. My medical insurance shall be the insurance coverage for any medical treatment."

Physical Certification: "I hereby certify that the named Camp/School/Clinic participant is physically able to participate in GEORGETOWN VISITATION LACROSSE CLINIC / CAMP programs and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit her participation in such a program."

By accepting this waiver, you are signing GEORGETOWN VISITATION lacrosse Clinic Health and Release Authorization, and you agreeing to release and hold harmless all above mentioned parties from any liability which the participant may incur, however arising, and regardless of how or when they are incurred and are accepting the Policies and Procedures herein.

EMERGENCY CONTACT:

NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_

GROUP # \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

PLEASE SIGN NAME \_\_\_\_\_ DATE \_\_\_\_\_

**\*Please bring this waiver with you to Registration at 9 a.m. on 10/25.**