



Learn to Play Clinic
Participation, Waiver and Release Form

I, being the legal guardian of the individual named on this form, certify that he is in good physical condition and is capable of participating in this Clark County Youth Lacrosse Clinic. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency numbers provided. If contact with me is not possible, I give permission for medical attention to be administered. Furthermore, I hereby release, exonerate and discharge Clark County Youth Lacrosse and its officers, staff, administrators, volunteers, sponsors and representatives and assigns for and against any and all injuries, damages, claims, actions, cause of actions, suits, judgments and demands incurred while participating in, or traveling to and from, this clinic. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

PHOTOGRAPHS, MEDIA & VIDEO AUTHORIZATION:

I hereby consent that photographs or video tapes of my child, may be taken or used by CCYLax for educational or other purposes consistent with the purpose and mission of CCYLax. I further agree that said materials shall become the property of CCYLax, and I hereby release and discharge CCYLax, its representatives from any and all claims that may arise by reason of taking said photographs or pictures

Participant's Name _____ Grade: _____ School _____
Parent/Guardian's name: _____
Email: _____ Phone # _____

Can we add you to the mailing list? YES NO
How did you find out about the clinic? Email / Facebook / Friend / Ad / Newspaper

Emergency phone #1 _____
Emergency phone #2 _____
Medical Insurance
Company _____ Policy# _____

Parent/Guardian Signature: _____ Date _____