

**FLYER Lacrosse Clinic 2009-June 15-June 18, 2009 (6:00 to 8:00 PM) FHS Upper Field**  
Make \$75.00 checks payable to Framingham Youth Lacrosse. **Application deadline is Wednesday, June 10, 2008.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ **Grade Entering Fall 2008:** \_\_\_\_\_

**Position** (circle one): Attack Midfield Defense Goal **Shirt Size** (circle one): Adult SM M L XL

**Mail application along with \$75.00 Check payable to:** Framingham Youth Lacrosse, P.O. Box 2715, Framingham, MA 01703

**Amateur Athletic Minor Waiver and Release of Liability**

In consideration of being allowed to participate in any way in the Flyer Lacrosse Clinic 2009 and related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant including potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention to the nearest staff or official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next to kin, hereby RELEASE AND HOLD HARMLESS THE FLYER LACROSSE CLINIC 2009, their officers and Directors, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the clinic (Releases) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE I HAVE READ THE RELEASE OF LIABILITY AND THE ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent to his release as provided above all releases, and for myself, my heirs, and next to kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR OWN NEGLIGENCE.

Parent/Guardian Signature \_\_\_\_\_ Date signed \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**Flyer Lacrosse Clinic 2008 Minor Waiver**

Date of last Physical Exam \_\_\_\_\_ most recent tetanus shot \_\_\_\_\_

Allergies (bee sting, pollen, nuts, etc.) \_\_\_\_\_ Medication to be taken while at clinic \_\_\_\_\_

Recent serious illness (list type and date) \_\_\_\_\_

Are there any other medical problems of which we should be aware? Are there any other concerns you might want our staff to know about with regards to your son? \_\_\_\_\_

**Immunization Record**

Because of Massachusetts State Law, Flyer Lacrosse Clinic 2009 needs a photo copy of an immunization record on file.

I have submitted a copy of my child's immunization record \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Parent or Guardian Authorization**

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above-mentioned patient.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_