

# Norski Lacrosse Learn-To-Play Beginner Skills Clinic

## Registration Form, Emergency Medical Form and Waiver

Please Note: All participants in the Norski Lacrosse Learn-To-Play Beginner Skills Clinic MUST fill this form out completely and sign prior to the beginning of the event.

### Participant Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

### Parent/Legal Guardian Information:

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency Contact Information:

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

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance Information:

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18), acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of premises or any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Norski Lacrosse Club, Inc./MALA, its affiliates, and any directors, officers, employees, coaches or other personnel for any claim by or on behalf of the application as a result of the applicant's participation in the event. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Parent's/Guardian's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(Parent's/ Guardian's Signature is required if participant is under the age of 18)