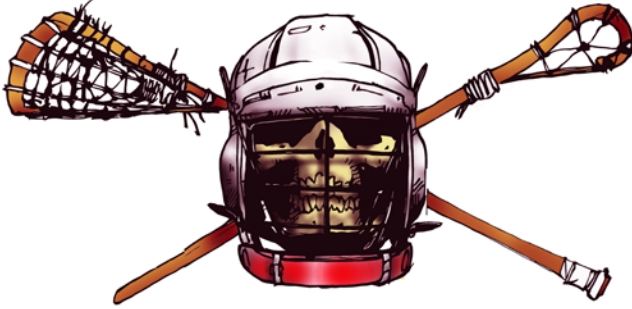


Borrowed Stick: Y N # _____

Returned: Y N



Laxapalooza Beginner's Clinic

October 4, 2014

Player's Name: _____ Age: _____

Address: _____

Phone: _____

Email: _____ Receive Emails from Rebels: Y N

Emergency Contact: _____ Phone: _____

Medical Release:

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant, will abide by the rules of the Chico Rebels Lacrosse Club. Recognizing the possibility of physical injury associated with youth lacrosse and in consideration for the Chico Rebels accepting the registrant for its lacrosse program, I hereby release, discharge and/or otherwise indemnify the Chico Rebels their board, agents, officers, employees, volunteers and independent contractors, including the owners of the fields and facilities utilized for the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

As Parent/Guardian of a participant in the program, I hereby give my consent for emergency medical care prescribed by a duly licensed physician or dentist. This care maybe given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature

Date