

BOYS LACROSSE AFTER SCHOOL CLINIC



10 Weeks of Clinic & Scrimmages

Dates: Tuesdays, November 16th-January 25th (*no class Dec. 28th*)

Time: 4:00-5:30

Cost: \$150

Grades: Students in grades 3rd-6th Grade

Format: This is a clinic that will concentrate on the basics of boys lacrosse. The fundamentals will be practiced each week with more involved skills, drills and possible scrimmages at the end of the session.

Availability: Space is limited so register early. First come first serve. **Registrations received will be confirmed through email addresses; print them clearly and include on registration form.** We will then see you at the start of the session.

Equipment: Protective gloves, head gear, mouth guards, shoulder pads and stick required.

Organizer: Tracey Rohrback- Tracey has been involved in coaching and organizing lacrosse camps and clinics at CISC for the last 8 years.

Clinicians: Other staff will be local college and high school boys from the area.

2010-2011 Boys After School Lax Clinic



Name: _____ **Grade:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Birth Year: _____ **School Attending:** _____
Phone #: _____ **Email:** _____

Name on CC: _____ **CC Number:** _____
V-Code (last 3 digits on signature panel): _____ **Exp. Date:** _____ **Signature:** _____

Liability Release Waiver, Age Verification & Roster Form

I verify that the birth date provided herein is true & correct. I further verify that I will not hold the Carroll Indoor Sports Center, Inc. (CISC), National Building Leasing, Inc., or representatives or officials of these organizations, responsible for any injury or accident which may occur while traveling to, participating in, or returning from any CISC game or event.

- Acknowledge, agree, & represent that I understand the nature of SPORTS activities & that I am qualified, in good health, & in proper physical condition to participate in such Activity. I further agree & warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- Fully understand that: (a) SPORTS activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these Risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or The negligence of the "releasees" names below; (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor in the Activity.
- Herby release, discharge, & covenant not to sue CARROLL INDOOR SPORTS CENTER, INC., their respective administrators, directors, agents, officers, members, volunteers, & employees, other participants, any sponsors, advertisers, and, if applicable, owner & leasers of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations & I further agree that if, despite this release & waiver of liability, assumption of risk, an indemnity agreement, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, & hold harmless each of the "releasees" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Minor Release

I, the minor's parent and/or legal guardian, understand the nature of SPORTS activities & the minor's experience & capabilities & believe the minor to be qualified, in good health, & in proper physical condition to participate in such activity. I herby release, discharge, covenant not to sue, & agree to indemnify & save & hold harmless each of the release's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operation & further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, & hold harmless each of the releasees from & litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I give CISC permission to use photos/images of my child for web design, graphics, flyers and all other print materials for CISC promotional purposes. I further understand that CISC does not require background checks on volunteers or instructors.

Signature of Parent/Guardian: _____ **Date:** _____

Please return completed registration form and check payable to CISC, 515 Old Westminster Pike, Westminster, MD 21157

For office use only: Date: _____ Payment Amount: _____ Type of Payment: _____ Initial: _____