



**High School Players**  
**4 Weeks**  
**Dates:** Thursdays, February 4, 11, 18 and 25  
**Time:** 3:15-5:00  
**Cost:** \$100.00  
**Equipment:** All students will need sticks, mouth guards and proper eyewear.  
**Format:** Concentration on skills, drills, and tactical work to get girls ready for the upcoming high school tryouts.

**Middle School Players**  
**4 Weeks**  
**Dates:** Wednesdays, February 10, 17, 24, and March 2  
**Time:** 4:00-5:30  
**Cost:** \$100.00  
**Equipment:** All students will need sticks, mouth guards and proper eyewear.  
**Format:** Concentration on skills, drills, and tactical work to get girls ready for the upcoming tryouts.

**Availability:** **Space is very limited so register early.** First come first serve. Confirmation of registrations will be confirmed by email; please print clearly and include on registration form. We will then see you at the start of the session. Refunds will not be given if requested within 2 weeks of start of clinic.  
**Instruction:** Tracey Rohrback-President of Check-Hers lacrosse. Has been a instructor and organizer of girls lacrosse camps and clinics at CISC for 13 years. Has coached girls recreational lacrosse for 15 years and is a high school official. Former high school and college player. Also officiates indoor at CISC. *Other staff will be coaches from local girls lacrosse programs and high schools.*

## 2016 Girls Lacrosse Tune-Up



Please Circle Tune-up You Are Signing Up For: High School Player Middle School Player

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birth Year: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Payment (check one): Check\_\_ Visa\_\_ Mastercard\_\_ Discover\_\_ American Express\_\_  
 (Place credit card information in box below)

Name on CC: \_\_\_\_\_ CC Number: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_ 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 & lessors 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: \_\_\_\_\_