

2019 Munday Lacrosse Offline Registration Form

Camp Location: _____

Payment: Check / Credit / Cash

Payment Note: _____

Name: _____

Graduation Year: _____

Date of Birth: _____

Position (Please Circle): A M D GK

Player Email Address: _____

Parent Email Address: _____

High School: _____ Club Team: _____

Level of Play (Circle One): 1 2 3 4 5 6 (strongest)

List Friends/Teammates: _____

Parent Cell #: _____ Player Cell #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Contact Phone: _____



Health & Release Authorization Waiver

**** FOR OFFLINE REGISTRANTS ONLY ****

I agree, warrant and covenant as follows:

Release for Medical Treatment: "I, the parent of the named Camp/School/Clinic/Tournament/Club Team participant, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the Emergency contact recorded, before taking action. I hereby waive and release the Munday Lacrosse LLC Staff, Camp/School/Clinic/Tournament/Club Team Management, host facility, and Sponsors/Contracted Affiliates from any liability for any injury or illness sustained while at camp/school/practice/play. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP/SCHOOL/CLINIC/TOURNAMENT/CLUB ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp/school/clinic/tournament/club practice or resulting from any injury received at camp/school/clinic/tournament/club practice. My medical insurance shall be the insurance coverage for any medical treatment."

Physical Certification: "I hereby certify that the named Camp/School/Clinic/Tournament/Club participant is physically able to participate in the Munday Lacrosse LLC Camp/School/Clinic/Tournament/Practice and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program."

Publicity Release: "I understand that Munday Lacrosse LLC retains the right to use for publicity and advertising purposes, photographs of participants taken during camps/schools/clinics/tournaments/club practices."

By accepting this Event Waiver, you are electronically signing to the Munday Lacrosse LLC Camp/School/Clinic/Tournament/Club Health and Release Authorization.

Participant Name: _____

Event: _____

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

Medical Insurance Information:

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____