



ADVANCED TEAM CONCEPTS CLINIC, PART 2

*****Players MUST have at least 1 year experience and Coach's recommendation*****

January 24th, 2010 1pm- 4pm

Inclement weather (5-8pm in SJHS Gym).

Cost: \$40

Stonewall Jackson HS

8820 Rixlew Lane Manassas, VA 20109-3799

PLAYER NAME _____

CONTACT INFORMATION

PHONE: _____

EMAIL: _____

US LACROSSE MEMBERSHIP # _____ EXPIRATION _____

In connection with the Applicant's participation in the **Blackwolf Lacrosse LLC** clinic on January 10th 2010, the undersigned do certify that the Applicant/player is in good health, has no physical impairment restricting him from playing lacrosse, except as herewith provided in writing to **Blackwolf Lacrosse LLC**, and otherwise is able to participate in the program activities. We (are, are not) attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the Applicant/player suffers from allergies, asthma, diabetes, restricted activities, etc.). In further consideration of **Blackwolf Lacrosse LLC and Joseph Trigiani**, acceptance of this application, the undersigned, both for himself or herself and on behalf of any minor child for whom he or she is submitting this application, hereby agree(s) to indemnify and hold harmless, **Blackwolf Lacrosse LLC and Joseph Trigiani**, its officers, directors, coaches, staff, workers, volunteers, agents, and sponsors from and against any and all liability, claims, actions, lawsuits, losses, judgments, and demands whatsoever, in law or in equity, arising out of or in any way relating to the Applicant's participation in any Blackwolf Lacrosse event, including, but not limited to, personal injuries or injury to property sustained or caused by the Applicant during or as a result of participation by the Applicant in a **Blackwolf Lacrosse LLC** event. The Applicant and/or parent or guardian is aware of the fact that lacrosse is a physically demanding and challenging sport in which serious injuries and/or death may occur.

I affirm that I / We have read, understand and agree to the conditions set forth and certify that the information that I / We have provided is correct.

_____ Parent Signature Consent Date _____