

# Sticks In!! Lacrosse Clinics

24 Sadie Hutt Lane  
Southborough, MA 01772

Player Name \_\_\_\_\_

Team name \_\_\_\_\_

## **Consent to Play and Liability Release**

I hereby give permission for \_\_\_\_\_ to participate in the Sticks In!! Lacrosse Program on February 28, and March 7, 14, 21 and 28 2010. I acknowledge that lacrosse is a high-speed sport, which may involve some contact. I am aware of no medical conditions, illnesses, or injuries that would prevent my child from participating in all aspects of this team membership, except as follows (please state the medical condition and provide a letter from the child's healthcare provider indicating the limitations or restrictions for the child's participation):

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I hereby give permission to provide emergency medical assistance to my child I case of accident or injury. I agree to indemnify and hold harmless Sticks In!! Lacrosse Clinics , ForeKicks II and any individual working as an officer, coach, employee, agent, or volunteer in any capacity for this organization and/or event, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program.

## **If Under 18 Years of Age**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **All Participants**

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_