

YCC Pro Lax Clinic 9/11/21 Registration Form

PLEASE PRINT!

Player Name _____

Grade _____

School _____

Current Age _____

Phone # _____

PARENT/GUARDIAN INFORMATION:

Name _____

Phone # _____

Address _____

Emergency Contact Name _____

Phone # _____

PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS _____

LIABILITY WAIVER

I hereby certify that my son/daughter, _____ is physically able to participate safely in the Pro Lax Clinic. In case of an emergency, I understand that every attempt will be made to contact the parent/guardian. I understand there are inherent risks in the sport of lacrosse and agree to assume all risks resulting from my son/daughter's participation. I agree to hold harmless all coaches, staff, Yates Community Center, and Penn Yan Youth Lacrosse Inc. from any liability, actions, and causes of actions, claims and demands of any kind, which may arise in connection with or resulting from participation of this clinic.

PARENT/GUARDIAN SIGNATURE

DATE

**Yates Community Center
467 N. Main St.
Penn Yan, NY 14527
315-536-3354**

Paid \$20 Cash _____

Paid \$20 Check _____

Paid \$20 PayPal _____