

# HOTSHOTS 2005 FALL LACROSSE CLINIC

Application due by Friday, Sept. 30, 2005. Clinics begin Sunday, October 2, 2005.

Non-refundable clinic fee: \$125

Each player is responsible for providing own equipment.

**Player's name (printed)** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home and cell telephone ( ) \_\_\_\_\_ **E-mail address** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Position (circle one) A M D G \_\_\_\_\_ Years of experience (level) \_\_\_\_\_

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

**Health Information:** Please list any health problems that might be important to a physician evaluating the player in the event of an emergency \_\_\_\_\_

Please list any allergies and medications currently taking \_\_\_\_\_

Please list any current medical conditions \_\_\_\_\_

**Primary medical insurance carrier** \_\_\_\_\_

**Policy number** \_\_\_\_\_

**Name of policyholder** \_\_\_\_\_

Emergency contact person (relationship) \_\_\_\_\_

Emergency contact telephone numbers \_\_\_\_\_

**Emergency Authorization:**

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff to hospitalize and secure proper treatment for the player named above.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**U.S. Lacrosse membership is a requirement to participate in the Hotshots 2005 Fall Lacrosse Clinic.**

**If you are currently a U.S. Lacrosse member, please provide your member ID# \_\_\_\_\_ and expiration date \_\_\_\_\_. If you are not yet a member, contact the U.S. Lacrosse website and register.**

**RELEASE**

We desire to enroll our son in the 2005 Hotshots Fall Lacrosse Clinic. I understand that neither Albemarle County, the clinic directors, St. Anne's-Belfield School nor anyone connected with the clinic will assume any responsibility for accidents, medical, dental or other expenses incurred as the result of accidents sustained during or as a result of any course instruction given the applicant by the league staff. We are fully aware of and appreciate the risks, including catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse league. We further agree on behalf of ourselves, our heirs and personal representatives that Hotshots Lacrosse, Inc. shall not be liable for any injury, loss of life or other loss or damage occurring as a result of our son's participation in the clinic.

**ACKNOWLEDGEMENT**

We hereby verify by our signatures below that we fully understand and accept each of the above conditions for permitting our child to participate in the Hotshots 2005 Fall Lacrosse Clinic. If signed by one parent or guardian, I signify that I alone have the legal custody and/or responsibility for the player.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parents/guardians \_\_\_\_\_

Please mail completed application along with the application fee to:

**Hotshots Lacrosse Inc.  
P.O. Box 527, Ivy, VA 22945**