

**Charlotte Women's Lacrosse Club**  
**2008 Summer Participation Form**  
Sundays Mallard Creek HS Turf 6:00-7:30pm  
June 22 July 6, 13, 20, 27 August 3, 10, 17  
\*Rain dates TBD

Player's Name (Printed): \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

- **US Lacrosse Membership REQUIRED to Participate**  
<http://www.uslacrosse.org/membership/index.phtml>

US Lacrosse Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- **Medical Release**

Does the participant stated on this form have any allergies, medical conditions, special needs, or take any medications that would in any way restrict her participation in the Charlotte Women's Lacrosse Club (CWLC) activities?

Circle One: **YES** **NO**

If yes, please describe these conditions, medications, or special needs: \_\_\_\_\_

With the exceptions noted above, I certify that the participant is in good physical condition and is fit to participate in the CWLC practices/games.

- **Medical Treatment**

I hereby consent to the above mentioned participating in the CWLC Lacrosse program. I consent and grant permission to the coach and/or assistant coach, or any authorized CWLC Lacrosse official, to obtain medical care deemed necessary as a result of injuries sustained while participating in this activity.

- **Armature Athletic Waiver and Release of Liability**

In consideration of participating in any way in the CWLC Summer Program, the undersigned:

1. Agrees to inspect the equipment to be used, and if the participant believes that anything is unsafe, she should immediately advise her coach or supervisor of such conditions and refuse to participate until the condition is corrected, and the condition is deemed safe.
2. Acknowledge and understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which may result no only from their own action, inaction, or negligence, but action, inaction, or negligence of others, the rules of play, or condition of the premises or any equipment used. Further, there may be other risks not known to us or reasonably foreseeable at this time.
3. Assume all of the above risks and accept full personal responsibility for the damages following any such injury, permanent disability, or death.
4. Release, waive, discharge, and promise not to sue and otherwise agree to hold harmless, CWLC, as well as sponsors, managers, coaches, participants, and other persons associated with Charlotte Women's Lacrosse Club, and owners, leasers of premises, used to conduct the event from any and all liability for injuries sustained by my child in this activity.

- **Participation**

1. Participation forms are **DUE BY THURSDAY JUNE 19, 2008**. The summer program is limited to 46 players on a first come first served basis. Any applications received after June 13<sup>th</sup> will only be accepted if the limit has not been reached. Any applications received beyond the limit will be returned to sender.
2. The below signed agrees to pay the amount of \$45.00 (forty-five dollars) to cover the cost of field use and referees.

CHECK MADE PAYABLE TO **DARCI GERVAISE**

~Please Mail Applications and checks to: Darci Gervaise 4580 Kellybrook Drive Concord, NC 28025

**I HAVE READ THE ABOVE PROVISIONS AND UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND THAT I SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
**Print Parent or Guardian Name or Adult Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian or Adult Participant**