

FRANKLIN & MARSHALL

and

All Star Lacrosse invites you to

Fall Brawl '09

7-8th Grade Division

9-10th Grade Division

10-12th A and B Divisions

A one-day tournament to get geared up for the fall lacrosse season!

7th and 8th Grade Division

9th and 10th Grade Division

When: Saturday, October 17, 2009

Location: Franklin & Marshall College

Time: 9 a.m. - 5 p.m.

Age: 7-8th, 9-10th grade

Cost: \$950 per team

10th-12th Grades Division

A and B

When: Sunday, October 18, 2009

Location: Franklin & Marshall College

Time: 9 a.m. - 5 p.m.

Age: Varsity & Club teams

Cost: \$1050 per team



Team Name: _____ Division: (circle one) 7-8 9-10 10-12

Head Coach's Name: _____

Phone Number: _____ Email: _____

Please send entry form and fee to: Todd Cavallaro, P.O. Box 3003, Lancaster, PA 17604; Ph: (717) 358-4765

Make checks payable to: All Star Lacrosse

visit www.starlacrosse.com

**Participation Agreement
Medical Release and Liability Waiver**

Event **ATTENDING** _____ All Star Lacrosse, INC _____ **DATE OF CAMP** _____

Both applicant participant and parent or guardian, if participant is under age 18, (hereafter referred to as "Undersigned") must read carefully and sign. Form should be submitted upon arrival on the first day of camp.

NOTICE

Undersigned is fully aware that lacrosse (hereinafter referred to as "activity") as taught and sponsored by the All Star Lacrosse Camp, Inc. (hereinafter referred to as the "the organization") is a contact sport and that participating in tournaments, games, matches and practicing for this sport will be dangerous activity involving a great risk of injury.

RISKS ASSUMED

Undersigned understand that the dangers and risks of learning, competing in or participating for the activity include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other parts of the muscular skeletal systems, and serious injury or impairment to other parts of my body, general health and well-being. Undersigned understand that the dangers and risks of contests or practicing for the activity may result not in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Undersigned understand that he or she assumes the risk of injury by participating in the Organization's program.

REQUIREMENT TO OBEY INSTRUCTIONS

Because of the dangers of participating in this activity, Undersigned recognize the important of the following coaches' instructions regarding techniques, training, conditioning, and other necessary rules, and to agree to obey such instructions.

HOLD HARMLESS

In consideration of permitting Undersigned to take instruction and to engage in all activities related to the Organization's program, including but not limited to trying out, practicing or competing, Undersigned hereby assume all risks associated with such activities and agree to hold harmless the Organization, its employees, agents, representatives, coaches, and volunteers, from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the Organization's program.

RELEASE OF LIABILITY

The terms hereof shall serve as a release of liability and assumption of risk on the part of Undersigned and his or her heirs, estate, executor, administrator, assignees, and for all members of my family. Undersigned agree that neither the Organization, nor the employees or volunteers of said Organization shall in any way be held liable for any accident or injury in any way received on account of, or while engaged in, any activity sponsored by said Organization. Undersigned further agree that neither the aforementioned Organization nor any of its employees, volunteers, or students shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries.

RELEASE FOR TREATMENT

I do give permission to the Athletic Medical Staff to carry out such diagnostic and therapeutic procedures as may be necessary for Undersigned. I also permit such procedures to be carried out at and by one of the local hospitals in the event that Undersigned has been referred to or taken there for emergency care.

Each camper is required to fill in the following information:

Insurance Company _____ **Policy #** _____

_____ **Birth date:** ____/____/____
Name of Participant (Please Print)

Signature of Participant **Date** **Signature of Parent or Legal Guardian** **Date**
(if participant is a Minor)

If an emergency should arise, please list two people who can be notified:

Name _____
Relationship _____
Phone: Home _____
Work/Cell _____

Name _____
Relationship _____
Phone: Home _____
Work/Cell _____