



**MOUNTAIN VISTA BOYS LACROSSE CLINIC
SUNDAY, JUNE 22ND 2008
REGISTRATION FORM**

PLAYER

Player's Name _____ Grade(just ended) _____ Age _____
Address _____ Phone _____
Current School _____ E-mail _____
Current Team _____ Position _____
Current Coach _____

PRIMARY CONTACT

Name _____ Home Phone _____
E-mail _____ Cell Phone _____

Would you be interested in forming and playing on a MV feeder team? _____

Pre-registration deadline is Saturday June 7th, 2008

Please include a \$30.00 check payable to Eagles Lacrosse. Mail to:
Eagles Lacrosse Clinic
c/o Kevin Taggart
1042 Chimney Rock Road
Highlands Ranch, CO 80126

For more information you may call Kevin Taggart at 303.470.9493, or e-mail him at kevin@mvhslax.com

By its nature, participation in athletics includes risk of injury, which may range in severity from minor, to long-term catastrophic injury and even death. Although serious injury is not common in supervised athletic activities, it is impossible to eliminate this risk. Participants can and do have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches and inspect their own equipment. By signing this participation form, we acknowledge that we have read and understand this warning. We hereby release Mountain Vista, its employees, agents, players, and volunteers from any financial responsibility or liability from injury to the player in connection with participation in this athletic activity.

Parent or Guardian Signature _____ Date _____