

# COACH DUCK'S LACROSSE



## Duckling Indoor Lacrosse League Girl's Youth 2<sup>nd</sup> - 3<sup>rd</sup>-4<sup>th</sup> Grade 5 Games

### Sundays

FEBRUARY 19<sup>th</sup>-March 16<sup>th</sup> 2012

### Instructional Games

7 v 7

*Players must come properly equipped  
Eye Wear-Mouth Guard-Lacrosse Stick*

### Teams & Individuals Welcome

**Cost: \$75 Per Player**

### AMPRO FIELDHOUSE

30 Bunting Lane Clifton Heights Pa 19018495

Remit payment: Jen Duckenfield  
137 E. Sylvan Avenue Rutledge, PA 19070

**TEAM OR INDIVIDUAL:**

**COACH E-MAIL:**

**NAME**

**E-MAIL:**

**GRADE:**

**SCHOOL:**

**CLUB:**

**POSITION CIRCLE :    ATTACK    MIDFIELD    DEFENSE    GOALIE**

**EMERGENCY CONTACT / PHONE**

#### **WAIVER MUST BE SIGN TO PARTICIPATE**

I hereby release and discharge Coach Duck's Impact Clinics and agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in Fall Lacrosse League.

I fully understand that: these activities involve risks and dangers of serious bodily injury, ("RISKS"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below; there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I authorize Coach Duck's Impact Clinics and agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon for reimbursement for use of this material. All players participating in Coach Duck's Fall Lacrosse League must be USL members and have a current USL membership number. If you are not a current member of US Lacrosse, one may join at the time of registration.

**Signature Guardian/Parent**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_