



# Utah Lacrosse Alumni Weekend Registration

April 2<sup>nd</sup> - 4<sup>th</sup>, 2010

## PARTICIPANT REGISTRATION FORM

To register for the 2009-2010 Utah Lacrosse Alumni Weekend, please complete both sides of this Registration Form and mail this form and a check to:

Utah Men's Lacrosse c/o Rick Kladis: 2516 Wrenhaven Lane; Salt Lake City, Utah 84121

If you have any questions, please contact Rick Kladis at rick.kladis@utelacrosse.net

### Participant Information:

First Name: \_\_\_\_\_ Mid: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ home / work / cell (circle one)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ home / work / cell (circle one)

Position: \_\_\_\_\_ Years Played: \_\_\_\_\_ - \_\_\_\_\_

Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_

### Registration / Payment Information:

Please select one of the following three for your respective registration details:

**\$50.00** Alumni Weekend Participant Registration

\$\_\_\_\_\_ Tax Deductible Donation (please consider helping out the team if you can.)

(Registration + Donation)

**Total Amount Enclosed: \$\_\_\_\_\_**

*\*Please make checks payable to: "Utah Men's Lacrosse"*



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## Insurance Form

As per University of Utah Policy, coverage for accidental injury is required for all participants. In most cases, family health insurance is adequate. Alumni will not be allowed to participate unless the following information has been submitted and this form signed by the participant.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ *(please print clearly)*

## Emergency Medical Treatment Authorization

I (We) the undersigned, hereby certify that I (we) are the parent and/or guardian of the participant and hereby give permission to the University of Utah Men's Lacrosse staff to seek appropriate medical attention as necessary to insure the wellbeing of my (our) child.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Waiver and Release

I (We) the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge Utah Lacrosse, it's staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims for damages, injuries, or loss of person or property, which may be sustained or occur during participation of the Utah Alumni Weekend and it's activities, whether or not damages, injury, or loss is due to negligence.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Individual / Special Medical Needs of Participant

If you have any special medical conditions or needs (ie: asthma) please tell us about them using the space below so we can be sure to take any necessary steps to assure your safety.

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