



2010 Utah ShUTers Clinic Session 2 (Ages 14 & older)

9:00 a.m. – 12:00 p.m. July 15, 2010
Stillwell Field, University of Utah Campus

PARTICIPANT REGISTRATION FORM

To register for the 2010 Summer Utah ShUTers Clinic, all participants must complete both sides of this Registration Form and mail this form and payment to:

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

If you have questions, contact Clinic Director Rick Kladis at (801) 870-5564 / rick.kladis@utelacrosse.net

Participant Information:

First Name: _____ Mid: _____ Last Name: _____

Birth Date: ____ / ____ / _____ Grade (as of 8/1/10): _____

Parent/Guardian Name(s): _____

Contact Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): (____) _____ - _____ home / work / cell (circle one)

(____) _____ - _____ home / work / cell (circle one)

Primary Position: _____ Skill Level (circle one): Beginner / Intermediate / Advanced

Registration / Payment Information:

_____ **\$50.00** Individual Player Registration (Due in full to reserve spot in clinic)

Total Amount Enclosed For Player: \$ _____

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

** We will be limiting spaces for this clinic. Full payment must be received to reserve a spot

Please visit www.utelacrosse.net/camps for more information on this clinic



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Insurance Form

Coverage for accidental injury is required for app participants. In most cases, family health insurance is adequate. Players will not be allowed to participate unless the following information has been submitted and this form signed by a parent/guardian of the respective 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 Summer Lacrosse staff to seek appropriate medical attention as necessary to insure the wellbeing of my (our) child.

Parent / Guardian 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 ShUTers Lacrosse Clinic and it's activities, whether or not damages, injury, or loss is due to negligence.

Parent / Guardian Signature: _____ Date: ____/____/____

Individual / Special Medical Needs of Participant

If this participant has any individual or 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 their safety.
