



**2010 Utah Basics Clinic**  
 9:00 a.m. – 3:00 p.m. July 8<sup>th</sup>  
 Stillwell Field, University of Utah Campus

**PARTICIPANT REGISTRATION FORM**

To register for the 2010 Basics 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

**Registration / Payment Information:**

Plenty of water, Gatorade, fruit and snacks will be provided for campers during the day, but campers should bring a lunch. Clinic DVD will be mailed to your above address.

\_\_\_\_\_ **\$100.00** Individual Player Registration (Due in full to reserve spot in clinic)

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

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

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

**Please visit [www.utelacrosse.net](http://www.utelacrosse.net) for more information on this camp**

**Insurance Form**



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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 University of Utah 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 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.

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