



2018 Lacrosse Clinic

Date: Saturday, June 23rd 2018

Time: 9:00am – 1:00pm

Location: St Xavier High School Stadium

Age Group: 3rd Grade through 8th Grade (Incoming Freshman Included)

Cost: \$50.00 (includes lunch) – Check Payable to 'St Xavier High School'

Clinic Mailing Address: 600 W. North Bend Road, Cincinnati, OH 45224

Online Registration: <http://www.stxsportscamps.com/>

Equipment: Full Lacrosse Equipment Required

LACROSSE CLINIC REGISTRATION

Player's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail addresses: _____

Cell Phone: _____

Parent(s)/Guardian(s) Name(s): _____

School: _____ **Grade Fall 2018:** _____

RELEASE AND MEDICAL CARE AUTHORIZATION

I am the parent/legal guardian of _____, *(Child's Name)*

who is a participant in the Lacrosse Clinic (the "Camp") sponsored by St. Xavier High School. I understand that at times my child may be participating in sporting events and other activities incident to the operation of the camp under the supervision of volunteers or paid staff members of St. Xavier High School. I authorize my child's participation in the Camp and in the sporting events and other activities incident thereto. If the volunteer(s) or paid staff members(s) of St. Xavier High School supervising my child determine that my child needs medical attention, and if the volunteer(s) and/or staff members(s) cannot contact me at the telephone numbers listed above, then I authorize those volunteer(s) and/or staff members(s) to consent to (1) the administration of any treatment deemed necessary by my child's physician and/or dentist, identified below or, if the relevant designated practitioner is not available, by another licensed physician and/or dentist, (2) the admission of my child to the hospital identified below or, if that facility is not accessible, any other hospital reasonably accessible. This medical authorization does not include any authorization to perform surgery other than that required in emergency circumstances unless the medical opinions of two other licensed physicians concurring in the necessity for surgery are obtained prior to the performance of surgery. To the extent necessary for my child's protection, I have provided St. Xavier High School with my child's medical history, including any allergies, medications and impairments to which a physician should be alerted. In consideration of my child being permitted to participate in the St. Xavier High School Camp, I do hereby fully release and hold harmless St. Xavier High School, its trustees, officers, agents, employees, and volunteers from any and all actions, claims and demands of whatsoever kind on account of any and all injuries, losses or damages, including consequential damages, which my child or family members may sustain in connection with or during my child's participation in the St. Xavier High School Camp. I further state that I have carefully read this Release and know the contents thereof, and I am signing this Release as my own free act. Medical information:

Child's Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Preferred Hospital: _____

Please identify any relevant medical history (e.g., allergies, medications or impairments) to which a physician treating your child should be alerted.

Signed: Mother/Legal Guardian: _____ Date _____

Father/Legal Guardian: _____ Date _____

WAIVER NEEDS TO BE RETURNED TO COACH ON DAY OF CAMP!