Shooters Lacrosse Clinics

Registration Form:

Name:_____ Phone Number: _____ Email Address: _____
Address:_____ City: _____ Zip: _____
Age: _____ Grade: _____Current or last team you played for:_____
US Lacrosse Member, Please provide us with your #:_____

Upcoming Sessions:

December

_____Goalie _____ Shooting _____ Introductory Sunday April 2nd @ Skyway Park

_____Goalie _____ Shooting _____ Introductory Sunday April 9th @ Skyway Park

_____Goalie _____ Shooting _____ Introductory Sunday April 23rd @ Skyway Park

_____Goalie _____ Shooting _____ Introductory Sunday 30th @ Skyway Park

Location

Skyway Park 3901 George RD Tampa FL 33634

Times:

Sundays - 2:00 PM to 3:30 PM

Cost: Sundays $30.00 per session
Private Lesson – $50.00 1 Hour private lesson.
Monthly Membership – $100.00 This includes any of the scheduled monthly sessions.

Checks Payable to: Shooters Lacrosse in the amount of **$_____ Send to:** 2663 Megan Ct. Palm Harbor, FL 34684
Medical Insurance Information

Person to notify in case of Emergency: _____Phone Number:_____

Waiver Exclusion Clause: I, the undersigned parent/guardian, in enrolling in this lacrosse league/clinic/tournament, understand that in attending any sport program and using the facilities do so at the participant's own risk. The Shooters Lacrosse, its representatives, Clearwater Youth Lacrosse Inc, the City of Clearwater, the county of Hillsbourgh, The Tampa Bay Youth Football League, D & E Associates and all agents shall not be held liable for any damages whatsoever arising from any personal injury, disability, death or property loss sustained by participants or family members on the premises. Participants, parents/guardians assume full responsibilities for all injuries and damages which may occur in or around any program on the premises and hereby fully and forever release, discharge and hold harmless Shooters Lacrosse and all associated facilities and there owners, agents and employees from any claims, damages, rights of action, present or future, resulting from or arising out of any person's participation in any program or use of it's facilities. In addition, participant agrees to follow the rules and conduct set by the Shooters Summer Lacrosse director. Participant, parent/guardian, understands that failure to comply with rules and regulations will result in suspension from participants. I, the undersigned parent/guardian, hereby grant authority to Shooters Lacrosse director, to render a judgment concerning medical assistance or illness during my absence. Shooters may be taking photos, videos, and other images of our participants. These images will be the property of the Shooters and may be shared with the media and posted on the internet. Shooters Lacrosse is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

Signed: _____ Date: _____