



Mamaroneck High School Boys' Lacrosse



Eighth Annual Spring Break Boys' Youth Lacrosse Clinic

Monday April 15th – Tuesday April 16th, 2019

9am – 12pm

Mamaroneck High School – Memorial Field

Open to All Boys in Grades 3-8

If you are a modified, travel, or rec. lacrosse player or want to learn how to play lacrosse, this camp is for you! Our Mamaroneck High School Boys' Varsity players and coaches will provide individual and team skills instruction, followed by 45 minute games with stoppage time. Participants will be grouped and provided instruction based on age and experience.

Players must provide their own equipment, including a stick, shoulder pads, helmet, gloves, arm pads, and mouthpiece.

COST: \$99 if you register by March 1, 2019 & \$110 for all registrations received after March 1, 2019.

Checks must be made payable to Mamaroneck High School Athletics

Mail to:

**Mamaroneck High School Athletic Department
ATT. Jeff Barnard
1000 West Boston Post Road
Mamaroneck, NY 10543**

Limited to 150 players.

Assumption of Risk, Release of Liability, and Indemnification:

I, _____, am the parent/legal-guardian of, _____, (“Player”) who has my permission to participate in the Mamaroneck High School Boys’ Lacrosse Clinic on Monday April 15th and Tuesday April 16th, 2019, from the hours of 9am – 12pm. I know that lacrosse is a contact sport that is inherently dangerous and involves risks of injury or even death. Furthermore, I acknowledge that there are ever-present risks in life generally and that during my child’s involvement in the aforementioned clinic, playing in a game, practicing drills, or otherwise engaged in the Mamaroneck High Boys’ Lacrosse Clinic, there will be such risks. I knowingly and voluntarily assume these risks, and hereby release and hold harmless the Mamaroneck Union Free School District, the Mamaroneck High School lacrosse coaches, the Mamaroneck High School players, and all agents, representatives, and assigns from any and all liability, claims, rights or causes of action which may accrue as a result of personal injury, death, property loss, or damage sustained by my child arising out of, or as a consequence of participation in the Mamaroneck High School Boys’ Lacrosse Clinic held on Monday April 15th, 2019 and Tuesday April 16th 2019.

Parent / Guardian Signature: _____

Name: _____ Grade: _____ D.O.B. _____

Years Played: _____

Address: _____

Parent or Guardian Home Phone: _____

Parent or Guardian Cell Phone: _____

Parent or Guardian Email: _____

Other Emergency Contact Person: _____

Other Emergency Contact Person’s Phone Number: _____

Important Medical Information: _____

Health Insurance Carrier: _____

Policy #: _____

Preferred Hospital: _____

Physician Name & Phone: _____

Parent Signature: _____

US Lacrosse Number if Available: _____

If you have questions, email Jeff Barnard at jbarnard@mamkschools.org