Swarthmore College Women’s Lacrosse
2018 Prospect Day
Saturday, October 6
Clothier Field

Swarthmore Lacrosse Prospect Day
Save the date for Swarthmore Lacrosse Prospect Day!
This is a great opportunity to learn about our program, our student
athletes, and Swarthmore College. Sign up today!

Schedule:
Registration: 11:45 a.m.
Program Overview and Lunch: 12:30-2:00
Campus Tour: 2:00-2:30
Clinic: 2:30-4:30 p.m.

Cost: $80, includes lunch for athlete and 1 parent.
*Any additional persons wanting to have lunch may attend at a
cost of $10 per person.

Questions: Contact Coach Borbee at: kborbee1@swarthmore.edu
Swarthmore Lacrosse Prospect Day Registration Form

Return Form to: Karen Borbee
Women’s Lacrosse Office
Swarthmore College
Swarthmore, PA 19081

Make Checks Payable to: Swarthmore College

Name: ________________________

Grade: _____  Age: ______

Email: ________________________

School: ________________________

Position: ________________________

Club Team: ________________________

Emergency Contact/Phone: ____________________________________________

SWARTHMORE COLLEGE - ASSUMPTION OF RISK/RELEASE OF LIABILITY (MINOR PARTICIPANTS)

NAME OF PERSON GIVING RELEASE FOR MINOR:

Party Released: Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, faculty and staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my child or guardian’s participation in the following activity: ____________________________ to take place on: ________________ (month/day/year).

I also understand that the activity set forth above is undertaken on a completely volunteer basis. My child/guardian’s participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, ____________________________.

I voluntarily assume the risk of these dangers to my child/guardian by choosing to allow them to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my child/guardian’s participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, death or any other damages suffered by my child/guardian, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

Parental or Guardian’s Acknowledgement of Assumption of Risk/Release of Liability for Minors:
I certify that the named child’s date of birth is ____________ (m/d/y) and is ________ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

______________________________  ______________________________  ____________
Relationship of Minor  Minor’s Name, Printed Clearly

______________________________  ______________________________  ____________
Signature of Parent/Guardian  Parent/Guardian’s Name Printed Clearly  Date

______________________________  ______________________________  ____________
Signature of Witness  Witness Name, Printed Clearly  Date

Addendum: I certify that I am covered by an independent health Insurance policy:

________________________________________________________________________