Swarthmore College Men’s Lacrosse Prospect Clinic

Sunday, September 30, 2018

*Tour Campus

*Meet the current team

*Meet the coaching staff

*Skill instruction and competitive scrimmaging

Cost $120
Swarthmore Lacrosse Prospect Clinic Schedule

10:00 am Check-in Matchbox 3rd floor (#35 on campus map) South Entrance to Campus

10:30 am Q&A with coaches in Matchbox

11:15 am Campus Tour with players

12:30 pm Lacrosse practice / scrimmaging on turf field (#42 on campus map)

3:00 pm Check-out

Bring all equipment necessary for play (including mouth guard)

● Each prospect will receive a Swarthmore Lacrosse reversible

● The Matchbox is on Field House Lane at the South Entrance to campus by the traffic circle

● Clothier Field surface is turf

● Bring sneakers for indoor play (Lamb Miller Field House) in case of inclement weather

● We will play outside if there is rain
Swarthmore College Men’s Lacrosse
Prospect Clinic Registration

Return registration, hold harmless waiver and check to
Swarthmore College Men’s Lacrosse
500 College Avenue
Swarthmore, PA 19081
Checks payable to: Swarthmore College

First: ___________  Middle: ________  Last: ______________________

Preferred Nickname: ___________________________

Address: ___________________________  City: _______________________

State: _____  Zip Code: ____________  Date of Birth: _______

Home Telephone Number: (____)____-_____

Cell Telephone Number: (____)____-_____

Personal Email: ____________________________

Parent Email: _____________________________

High School: _____________________________

Graduation Year: _________

Position: ________________________________

Emergency Contact:

Name: ________________  Cell Telephone Number: (____)____-_____


Swarthmore College Assumption of Risk & Release of Liability
500 College Avenue
Swarthmore, PA 19081
Fax: 610-328-7798

Name of Person Giving Release: ____________________________

Party Released: Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, faculty and staff, student-athletes, coaching staff, training 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 participation in the following activity:
Swarthmore College Lacrosse Prospect Clinic to take place on September 30, 2018

I also understand that the activity set forth above is undertaken by me on a completely volunteer basis. I make this decision by choice and my participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage; physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, the potential for serious bodily injury, exposure to extreme conditions and circumstances; contact with other participants, spectators, or other natural or manmade objects; dangers arising from adverse weather conditions; situations beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers. I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, 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.

Acknowledgement of Assumption of Risk/Release of Liability:
I certify that my present age is _________ and that I am therefore of a lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and 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.

Signature of Participant ____________________________ Participant’s Name, Printed Clearly ____________________________ Date _______________

Signature of Witness ____________________________ Witness’s Name, Printed Clearly ____________________________ Date _______________

Parental or Guardian’s Acknowledgement of Assumption of Risk/Release of Liability for Minors:
I certify that the named child’s 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, together with the named child, 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.

Signature of Minor ____________________________ Minor’s Name, Printed Clearly ____________________________ Date _______________

Signature of Parent/Guardian ____________________________ Parent/Guardian’s Name, Printed Clearly ____________________________ Date _______________

Signature of Witness ____________________________ Witness’s Name, Printed Clearly ____________________________ Date _______________

Addendum: I certify that I am covered by an independent health insurance policy
Carrier and policy no.: _______________