



# Catholic School Girls LAX Kick-Off Clinic



**Saturday, March 13<sup>th</sup>** (Rain date March 14<sup>th</sup> same times)

5<sup>th</sup> and 6<sup>th</sup> Grade 8:00 a.m. – 10:00 a.m. • 7<sup>th</sup> and 8<sup>th</sup> Grade 10:30 a.m. – 12:30 p.m.

**At Reitnour Field in Wilson Park, 500 Lee Road, Chesterbrook PA**

**Coaches:** Lorraine Beers, Head Coach Archbishop Carroll;  
Heather Ferguson, University of Notre Dame graduate & Assistant Carroll Coach;  
Karen Martellucci, St. Katherine's Coach;  
John Geary, Goalie Coach/Radnor Youth Lacrosse; and  
Whitney Ahern and Lisa Cannellos, Villanova Players & Saints Coaches

**Payment Due in Advance \$35.** Make checks payable to Carroll Lax LLC and mail with registration form below to: 2 Pine Tree Drive, Broomall PA 19008. Questions call Lorraine Beers 610-986-3829 or LBeers10@gmail.com.

**Directions:** (From the north) Take 202 South and exit at Chesterbrook. Turn right onto Chesterbrook and right onto Lee Road. The park entrance is at the end of Lee Road. Turn right into park, Reitnour field is last on the left.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**AMATEUR ATHLETIC WAIVER (READ BEFORE SIGNING):**

In consideration of being allowed to participate in any way in the Carroll Lax LLC's athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment & personal discipline may reduce this risk, the risk of serious injury does exist & I KNOWINGLY & FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Carroll Lax, LLC., Tredyffrin Township, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X \_\_\_\_\_  
Participant's Signature Date

**FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
Parent/Guardian Signature Date