



# BOYS HIGH SCHOOL

## LACROSSE CLINICS

Thomas College - Alfond Field House  
180 West River Road, Waterville, ME

March 10<sup>th</sup> - 6:00-7:30 p.m. | March 24<sup>th</sup> - 9:30-11:00 a.m.  
Age: 13-18 years old | Cost: \$15.00 per week

### **CLINIC DETAILS:**

**Get your sticks hot and get ready for the season!**

- Clinics are led by Thomas College Head Coach, Marsh Gray.
- March 10<sup>th</sup> - Attack and Midfield Offensive Skills
- March 24<sup>th</sup> - Defense and Long Stick Midfield Skills



**MORE INFO & REGISTER ONLINE AT:**

**[www.maine.xcellax.com/boysclinics](http://www.maine.xcellax.com/boysclinics)**



# Spring 2019 - Boys Lacrosse Clinics

**Cost:**  
\$15.00 per week

Make checks payable to XCEL Lacrosse  
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info@xcellax.com • (207) 558-3208

Select weeks:

March 10<sup>th</sup> Offense Clinic       March 24<sup>th</sup> Defense Clinic

## 2019 PLAYER INFORMATION

Players Last Name		First	Middle Initial	Position <input type="checkbox"/> Midfield <input type="checkbox"/> Attack <input type="checkbox"/> Defense <input type="checkbox"/> Goal	
Birth Date (MMDDYY)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Previous experience?		
Mailing Address		City	State	ZIP Code	Home Phone Number (   )
Youth/Town Program Affiliation		Email (for communication related to the clinic)			

**In consideration of being allowed to participate in any way in the XCEL Lacrosse programs, 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, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. 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,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS XCEL Lacrosse, its 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; and,
5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorneys' fees if incurred in successfully defending against such claim.

**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 ANY INDUCEMENT.**

X

SIGNATURE OF PARTICIPANT (OVER 18 YEARS OLD)

DATE

### FOR PARTICIPANTS OF MINORITY AGE (Under 18)

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

X

PARENT/GUARDIAN SIGNATURE or PLAYER SIGNATURE IF 18 or OVER

DATE

### For office use only

Sport: _____	Session: _____
Team: _____	Date Entered: _____