



SPRING DEVELOPMENTAL CLINIC HIGH SCHOOL & MIDDLE SCHOOL GIRLS

SATURDAY, MAY 27TH

High School 8am – 10am
Middle School 10am – 12pm

LOCATION

TBA (Newport-Mesa Area Field)

REGISTRATION

PLAYER

Player Name: _____

US Lacrosse # _____ Expiration Date _____

Address: _____

City: _____ Zip: _____

Player's Mobile Phone: _____

Player's Email: _____

Date of Birth: _____ Grade : _____ Position: _____

PARENT

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Parent/Guardian Email (s): _____

EMERGENCY CONTACT

Name: _____

Phone: _____

INSURANCE

Insurance Provider: _____

Primary Policy Holder: _____

Insurance Policy Number: _____

Describe any health conditions, allergies, or concerns that might affect your playing:

MEDICAL CONSENT & LIABILITY RELEASE

I hereby authorize the staff of Anchor Lax to act for me, according to their best judgment, in any emergency requiring medical attention. I hereby waive and release the staff, and the facility from any and all liability for injury or illness incurred while playing for Anchor Lax.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

REGISTRATION & PAYMENT:

Reserve your spot by emailing shannon@anchorlax.org.

Mail registration/payment to
Anchor Lax
120 Tustin Avenue C1035
Newport Beach, CA 92663
Checks payable to: Anchor Lax

SPRING CLINIC 2017

High School \$85

Middle School \$85