



# SUMMER CLINICS 2019

**LOCATION:**  
ENSIGN INTERMEDIATE  
2000 Cliff Drive  
Newport Beach, CA 92663

**QUESTIONS**  
robin@anchorlax.org

## PLAYER REGISTRATION

### NAME:

US Lacrosse #:

Expiration Date:

DOB:

Shirt Size: XS   S   M   L   XL

Address:

City:

ZIP:

Grade:                      Position or Experience:

Phone:

Email:

### 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, MEDIA 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. I hereby authorize Anchor Lax to use photos and video of my child for promotional materials.

### PARENT/GUARDIAN SIGNATURE:

DATE:

- FUN FRIDAYS (all players) | FRIDAYS JUNE 28 - AUG. 2 10AM-12PM | \$175**
- ANCHOR LAX + NHHS CLINICS | AUG. 12-16 9-11AM | \$175**
- ANCHOR LAX + NHHS CLINICS | AUG. 19-23 9-11AM | \$175**