



*The Ricky Palermo Foundation and the GLOW YMCA
Lacrosse Clinic*



Featuring Major Lacrosse League Players to be Named:

WHERE: Genesee Community College's Turf Field

WHEN: June 8th, 2014 12:00-3:00pm

WHO: Players grades 7-12

*COST: \$20 (all proceeds go to GLOW YMCA's bike program and Ricky Palermo Spinal Injury
Tournament)*

PLEASE BRING: All equipment and a water bottle

Raffle of lacrosse gear at the end of the clinic

Please make checks payable to: Spinal Injury Tournament c/o Ricky Palermo

Please fill out registration and waiver and return to:

Matthew Landfried; ATTN: Lacrosse Clinic; 9151 Shepard Road; Batavia, NY 14020

*Please be sure to register no later than May 30th, 2014. Registrations postmarked
later than May 30th, 2014 may not be accepted depending on available space.*

Name_____Home Phone _____

Age__ Sex: M F School District_____

Address_____

Grade in September_____Position _____

E-Mail:_____Shirt size:_____ (if size is available)

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YMCA

Participant Waiver

Parent/Guardian - Please review the information presented below and sign your name in the space provided. If you have any questions regarding this waiver please contact the YMCA.

Participant Name _____ Age _____
Address _____ City _____ State _____ Zip _____

MEDICAL PROFILE - I recognize that youth sports are physically strenuous endeavors requiring my child to be in good physical condition. I hereby certify that he/she does not suffer from any physical or mental infirmities or illnesses which would affect his/her ability to engage in these activities. I further certify that if my child is on any regular medication I will discuss this medication with the youth sports staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person.

Parent's Signature _____ **(Participant may sign if over 18 years of age)**

Date _____

ACKNOWLEDGMENT OF RISK & ASSUMPTION RESPONSIBILITY - I understand that during my child's participation in this youth sports activity he/she may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the GLOW YMCA Inc. and or its employees as a result of my child's participation in the program, except those which are a direct result of the negligence by the GLOW YMCA Inc. or its employees. I have accepted responsibility for verifying my child's personal health and medical history on the top of this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experiential program. I also authorize the treatment of him/her by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me.

Parent/Guardian

Signature _____

Date _____

(Participant may sign if over 18 years of age)

