



**Registration: Bobcat Lax Blast  
WVWC Women's Lacrosse 5v5 Tournament OCT 13**

[www.wesleyanbobcats.c](http://www.wesleyanbobcats.c)

**Please Register by Friday October 11<sup>th</sup>**

**For teams please complete a separate registration form for each participant.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

Parent/Guardian Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_

Level Played Last Year (JV, Varsity): \_\_\_\_\_

Club Team: \_\_\_\_\_

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

**Pre-Registering as (please check one):**

*If you are registering as an individual you will be placed on a team with other individuals.*

**Individual** \$50per athlete

**Team** \$45 per athlete- teams may consist of 5-7 field players + goalie- optional)

**TEAM INFORMATION** (please print the names of your entire team)

Team Captain \_\_\_\_\_ Cell Phone \_\_\_\_\_

Team Name \_\_\_\_\_ Team Color \_\_\_\_\_

*\*\*\*All teams must provide their own similar colored jersey/shirt\*\*\**

Player Names: teams may consist of 5-7 field players + goalie- optional

1 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

2 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

3 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

4 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

5 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

6 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

7 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

8 \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

I would like to receive further information about West Virginia Wesleyan College Women's Lacrosse Events

**Please make checks out to:**  
WVWC Lacrosse



**Mail all registrations to:**  
Karli Brentlinger  
West Virginia Wesleyan College  
Women's Lacrosse  
59 College Ave Box 1714  
Buckhannon, WV 26201

[www.wesleyanbobcats.com](http://www.wesleyanbobcats.com)

**For more information please contact:**  
Karli Brentlinger Head Women's Lacrosse Coach  
[Brentlinger k@wvwc.edu](mailto:k@wvwc.edu) or 301-602-1808

**Wavier: Bobcat Lax Blast  
West Virginia Wesleyan College Women's Lacrosse 5v5 Tournament**

**Authorization to Participate/Assumption of Risk:** I approve of my daughter's participation in the Bobcat Lax Blast 5v5 tournament and certify that she is in good health and able to participate in all clinic activities. I understand and certify that my child's participation at West Virginia Wesleyan College and its activities is completely voluntary and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent within the clinic and tournament. I acknowledge that although West Virginia Wesleyan College has taken safety measures to minimize the risk of injury to participants West Virginia Wesleyan College cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the clinic and tournament rules, regulations, and procedures for the safety of clinic and tournament participants. I will not hold West Virginia Wesleyan College, the Athletic Department, the Lacrosse Team and the Lacrosse Coaches responsible for any injury; fatal or otherwise, lost or stolen items while participating in the Bobcat Lax Blast. If medical attention is required for illness or injury while attending the Bobcat Lax Blast, I hereby grant my permission for such care to be rendered and I waive and release the clinic and tournament, its staff, and West Virginia Wesleyan College of all liability for any illness or injury. Furthermore, I do hereby recognize and understand that the university and the coach(es) are not responsible for any injury of any kind which may occur on the way to, during, or on the way home from the clinic or tournament. I approve of having my daughter's photo taken during participation in the Bobcat Lax Blast and used in promotional materials or on the West Virginia Wesleyan College Athletics web site from promotion of future West Virginia Wesleyan College Lacrosse related events.

Clinic attendee's name (print): \_\_\_\_\_

Name of parent/guardian (print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_