

**Registration:
Mountain Ridge Elite Lacrosse Club**



Please Register by Thursday October 3rd (email or call Coach Brentlinger at mrelacrosse@gmail.com or 301-602-1808 to reserve your spot!)

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 (None, Middle, JV, Varsity): _____
Position: _____

Registering:

Girl \$200 per athlete
 Boy \$200 per athlete

Please indicate which tournaments you wish to register for:

Indian Summer
 Sweet Caroline
 Halloween Havoc
 Next Generation
 The watch
 Autumn Classic

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Like us on Facebook: <https://www.facebook.com/MountainRidgeEliteLacrosseWV>

Please make checks out to:
Karli Brentlinger



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

For more information please contact:
Karli Brentlinger Head Women's Lacrosse Coach
mrelacrosse@gmail.com or 301-602-1808

Wavier:
Mountain Ridge Lacrosse Club

Authorization to Participate/Assumption of Risk: I approve of my daughter's participation in the Mountain Ridge Elite Lacrosse Club 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 Mountain Ridge Elite Lacrosse Club 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 Mountain Ridge Elite Lacrosse Club has taken safety measures to minimize the risk of injury to participants Mountain Ridge Elite Lacrosse Club 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 Mountain Ridge Elite Lacrosse Club, and the Lacrosse Coaches responsible for any injury; fatal or otherwise, lost or stolen items while participating in the Mountain Ridge Elite Lacrosse Club. If medical attention is required for illness or injury while attending the Mountain Ridge Elite Lacrosse Club, I hereby grant my permission for such care to be rendered and I waive and release the clinic and tournament, its staff, Mountain Ridge Elite Lacrosse Club 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 Mountain Ridge Elite Lacrosse Club and used in promotional materials or on the Mountain Ridge Elite Lacrosse Club web site from promotion of future Mountain Ridge Elite Lacrosse Club 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: _____