



LACROSSE PERFORMANCE TRAINING

DATES & TIMES: Wednesdays 8:00-9:30 pm February 12, 19, 26, 2020. March 4, 11, 2020.
 Thursdays 7:30-9:00 pm February 13, 20, 27, 2020. March 5, 12, 2020.
 Fridays 7:30-9:00 pm February 14, 21, 28, 2020 March 6, 13, 2020

AGE: 14 to 18 years old

INDIVIDUAL COST: \$295.00 (per player)

LOCATION: Bancroft School Field House, 110 Shore Drive, Worcester, MA, 01605

DIRECTOR: TOM BAKER

CONTACT: 978.201.6621 • **EMAIL:** tbaker2432@gmail.com

ONLINE REGISTRATION: <http://xcellacrosse.com/sign-up/>

MAIL IN REGISTRATION: To Scott Dube: 63 Fairmont Ave, Worcster MA 01604. Checks payable to XCEL LACROSSE

XCEL LACROSSE PLAYER INFORMATION

Players Last Name		First	Middle Initial	Position <input type="checkbox"/> Attack <input type="checkbox"/> Midfield <input type="checkbox"/> Defense <input type="checkbox"/> Goalie
Birth Date (MM/DD/YY)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Lacrosse Experience <input type="checkbox"/> 1-2yrs. <input type="checkbox"/> 2-3yrs. <input type="checkbox"/> 4+ yrs.	
Mailing Address			City	State ZIP Code
Email Home () _____		Phone No. () _____		Youth Program or High School Affiliation: _____

U.S. LACROSSE INFORMATION

<input type="checkbox"/> U.S. Lacrosse Member	Expiration Date	Membership #	**U.S. Lacrosse Membership is required to attend Xcel Lacrosse Programs. Visit www.uslacrosse.org for more information on US Lacrosse and membership options.
<input type="checkbox"/> Not a Member **			

EMERGENCY INFORMATION AND PARTICIPANT WAIVER

Name of Parent / Guardian (please print) _____	Relationship to player _____	Emergency Number () _____
---	---------------------------------	----------------------------------

(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my participation in Xcel Lacrosse, sponsored events and activities, I agree to the following:

1. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Hit Quarters, LLC, Tom Baker along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

2. **Medical Attention:** I hereby give my consent to that Hit Quarters, LLC, Tom Baker to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in that Hit Quarters, LLC, Tom Baker or sanctioned events.

3. **Readiness to Compete:** I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

X _____

SIGNATURE OF PARTICIPANT

DATE

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

X _____

PARENT/GUARDIAN SIGNATURE or PLAYER SIGNATURE IF 18 or OVER

DATE