



SHINE ON SPORTS LACROSSE CAMP REGISTRATION AND WAIVER FORM



**Parent/Guardian MUST send this form to SHINE ON Sports or have this form present at registration to participate.*

For More info, please visit www.shineonsports.com or email shineonsports@gmail.com.

CAMPER INFORMATION			
Player First:		Player Last:	
Address:		City, State, Zip:	
Date of Birth:		Grade Entering:	
Camper Email:		# Years Played:	
USL # required:		T-Shirt Size:	

PARENT /GUARDIAN CONTACT INFORMATION			
Parent First:		Parent Last:	
Emergency #:		Other #:	
Parent Email 1:		Parent Email 2:	

WAIVER AND RELEASE OF LIABILITY

SHINE ON Sports is not responsible for any injury (or loss or property) to any person suffered while playing, practicing, observing, or in any other way involved in the sport of lacrosse for any reason whatsoever, including ordinary negligence on the part of the above or their agents or employees.

In consideration of my participation, I hereby agree to indemnify and hold harmless any sponsor, their representatives, agents, employees, Board of Directors, officers, volunteers, referees, instructors, coaches or any other person or entity providing fields, property, services or assistance from and against any and all present or future claims resulting from any accident or negligence on the part of such persons or entities, for property damage, personal injury, or wrongful death, arising as a result of my participation in or receiving instruction in lacrosse activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims therefrom, both present and future.

I am aware that lacrosse is a vigorous sport involving severe cardiovascular stress and violent physical contact. I understand that lacrosse involves certain risks, including but not limited to; death, serious neck and spinal injury resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs and that equipment provided for my protection may be inadequate to prevent serious injury. In addition, I understand that participation in lacrosse involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with the knowledge of the danger involved and hereby agree to accept any and all inherent risk property damage, personal injury or death. I further agree to indemnify and hold harmless all of the persons and entities in the foregoing paragraph from and against any and all claims arising as a result of my participation in or receiving instruction in lacrosse activities or any activities incidental thereto, wherever, whenever or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of North Carolina and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect, I further affirm that the venue and applicable law for any legal proceedings will be the State of North Carolina. I affirm that I am of legal age (18) and am freely signing this agreement or, if I am under 18, my parent or legal guardian is also signing it. I have read and fully understand this agreement and that by signing this agreement I am giving up legal rights or remedies that may be available to me.

I agree to follow all camp rules and all rules of safety common to the sport of lacrosse. I agree to report any unsafe practices, conditions, or equipment to the management. I certify that 1)I possess a sufficient degree of physical fitness to safely participate in lacrosse, 2)I understand that I am to discontinue activity at any time I feel undue discomfort or stress, and 3)I will indicate below any health related conditions that might affect my ability to play lacrosse and I will immediately verbally inform the management if I feel any discomfort or stress.

CIRCLE:

Diabetes **Heart Problems** **Seizures** **Asthma** **Other:**_____

I have read and understand the preceding information. I know, understand and appreciate the risks associated with playing lacrosse and I am voluntarily participating in the activity. I assume all of the inherent risks of lacrosse, I understand in the event of a medical emergency, an EMS will be called to render assistance and that I will be financially responsible for any expenses involved.

Name of Participant, Date

Signature of Parent or Guardian, Date

ASPIRE Camp:(Rising 6th-12th grade): \$185 **MINI STICKS Camp:(Rising 2nd -5^h grade): \$90**

PLEASE MAIL TO: SHINE ON SPORTS, 780 DONALD ROSS DRIVE, PINEHURST, NC 28374