



**TRILOGY
LACROSSE**
The Leader in Lacrosse Education

Preseason Clinics
Orange County, CA

Middle School Shooting Specialty Clinic

January 24, 2010

Sunday: 1:00 PM–4:00 PM

Boys Grades 5-8

(Based on 09-10 school year)

COST: \$60

High School Preseason Clinic

January 23-24, 2010

Saturday: 12:30 PM–3:30 PM

Sunday: 10:00 AM–1:00 PM

Boys Grades 9-12

(Based on 09-10 school year)

COST: \$120

El Dorado High School
1651 N. Placentia Ave
Placentia, CA 92870

DIRECTOR:
Matt Striebel



For online registration and
additional information, visit us at:

www.trilogylacrosse.com

For questions, contact us at:

info@trilogylacrosse.com

or via phone at: 410-685-3366

Registration Form:

Player Info:

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ Email _____

Grade _____ DOB _____ Years Experience _____

Position _____ School _____

How did you hear about Trilogy Lacrosse _____

Parent/Guardian Info:

Name _____

Daytime Phone _____ Email Address _____

Emergency Contact _____ Emergency Phone Contact _____

Please make checks payable to: Trilogy Lacrosse

Please mail your check and this form to: Trilogy Lacrosse

759 Bloomfield Ave. Box 351

West Caldwell, NJ 07006

www.trilogylacrosse.com

RELEASE AND INDEMNITY AGREEMENT

I, Parent/Guardian hereby request you accept this application from my child for enrollment in TRILOGY LACROSSE CAMP. In consideration of your acceptance of this application, I hereby agree to release, hold harmless, and indemnify TRILOGY LACROSSE, LLC, and all of their respective agents, employees, sponsors, representatives or assigns, from/for any and all claims resulting from any injuries or death sustained by my child while participating in this event. I warrant and represent that I have the authority to sign this release and indemnity agreement on behalf of my minor child.

I further hereby give permission to the coaches, training staff, and other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Photos taken of my child while participating at Camp may be used for publications and advertisements. Signing this Agreement and registration of my child in the Camp act as my consent for this usage.

I agree that I am responsible for outfitting my child with the appropriate equipment (sticks, gloves, mouth guard and helmet). I further agree that my child will wear their helmet at all times during practices and tournament play.

Any known allergies or medical conditions for my child: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____