

THE NORTHERN EDGE CHALLENGE



Open for Girls Lacrosse Field Players and Goalkeepers

www.vermontlacrosse.com

7v7
Girls Lacrosse
Clinic and
Play Day

When: Sunday, October 23rd, 2011

Where: The University of Vermont
Moulton Winder Astro Turf Field

Schedule:

11:45 - Check in at Gutterson Ice Rink
Lobby (next to field)

Cost:

\$50 per player -
Min 7 field players, Max 11 field players
plus a Goalie

Make Checks out to:
Northern Edge Lacrosse

Format:

US Lacrosse Rules, 7v7 half field, Free
clear to opponent after a goal.
Go to: www.vermontlacrosse.com for
more info

How to Register:

Please Mail the following in
**ONE envelope by
October 18th 2011.**

1. Team Form
 2. Individual Player Waivers
 3. Individual player fees of \$50
 4. A Full team roster typed with players names, HS Grad years, and emails
- * See website for the forms

MAIL REGISTRATION PACKET TO:

Jen Johnson -- 7v7 Challenge
University of Vermont Women's Lacrosse
97 Spear St--Burlington VT 05405

QUESTIONS: Email-- Jen Johnson at -
jennifer.johnson@uvm.edu

TO BRING: Lacrosse stick, mouthguard, goggles, turfs/sneakers, plenty of water, snacks, appropriate clothing,
Goalkeepers must bring their own equipment

NO REFUNDS - LIMITED ENROLLMENT - FIRST COME FIRST SERVE - WALK UP REGISTRATION

TEAM REGISTRATION FORM:

Please write clearly - Team Name _____ Jersey Color _____ State _____
Grad year/Age group _____ Coaches Name _____
Coach/Contact Email _____ Coach/Contact Phone _____

PLAYER INDIVIDUAL INFORMATION AND WAIVER: 10/23/11-VT (circle) Position: A M D GK

Team Name _____ Player First Name _____ Last Name _____
High School _____ Club Team _____ High School Grad Year _____
Home Address _____ State _____ Zip _____
Player cell phone# _____ HS Coach Email _____
Player Email _____ Parent Email _____
Emergency Contact Name _____ Emergency Contact Phone# _____

MEDICAL TREATMENT CONSENT : I, the legal guardian of the above-named camper, authorize Fuel Lacrosse, Northern Edge and the 7v7 Challenge and Clinic staff to seek medical treatment for the camper as they see necessary at a local Medical Center or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Clinic staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Clinic staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Garden's Signature _____ **Print Name** _____
WAIVER & RELEASE STATEMENT: The undersigned, being a parent or legal guardian of the child requesting admittance to the clinic, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as condition of admittance to the Fuel Lacrosse LLC., Northern Edge Women's Lacrosse Clinic and 7v7 Challenge, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby releases the Facility, Fuel Lacrosse LLC, Northern Edge Clinic Directors and Staff, and all other employees or agents of the clinic and 7v7 challenge from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the applicant during or related to the clinic and 7v7 challenge.

Applicants Name _____ Parent/Guardian Signature _____ Date: _____
Insurance Company _____ Policy number _____