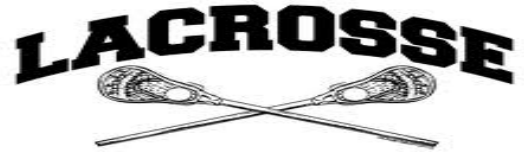


**WILDFIRE YOUTH LACROSSE AND  
CEDAR PARK GIRLS LACROSSE (HIGH SCHOOL)  
2014 FALL GIRLS LACROSSE SKILLS CLINIC**



**Fall Clinic Dates:** Sept. 21, 28, Oct. 5, 12  
**Time:** 1-3pm  
**Location:** Brushy Creek Sports Complex  
**Contact:** Danielle Elder/512-529-6000 or wildfiregirlslax@gmail.com  
**Cost:** \$40 all four days/\$10 day  
**Register online:** www.wildfirelax.org or www.gohardorgohome.org

***Learn the fundamentals of lacrosse or sharpen your skills for the Spring!***

Lacrosse sticks and youth-sized eye protection available for use during the clinic. Please bring a Mouth guard. For girls 3<sup>rd</sup> – 12<sup>th</sup> grades.

APPROVAL OF THIS ORGANIZATION AND ITS ACTIVITIES ARE IN NO WAY AN ENDORSEMENT BY OR SPONSORED BY LEANDER INDEPENDENT SCHOOL DISTRICT

**FALL LACROSSE CLINIC REGISTRATION FORM**

Player's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Player's School \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parents' telephone number: \_\_\_\_\_  
Parents' e-mail: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

Medical Waiver I <<parents or legal guardian>> hereby grant permission for a representative of Wildfire lacrosse to administer emergency care on site or at (closest hospital near practice or game or other such facility) rendered to my child while she is under their supervision. Medical Waiver Declaration \* I assume responsibility for any medical bills which may be incurred. I further release Wildfire Lacrosse, the City of Cedar Park, and their representatives from this responsibility for any problems that might arise as a result of medical care and/or treatment. This includes medical game staff and US Lacrosse staff.

Parent's or Legal Gaurdian's Name (written): \_\_\_\_\_  
Parent's or Legal Gaurdian's Signature: \_\_\_\_\_

**EMERGENCY CONTACT**

Name /Relation/ Phone Number

\_\_\_\_\_

**MEDICAL:**

Please list any medical condition we should be aware of: \_\_\_\_\_

DATE: ..... Parent /Guardian Signature .....