

*Wichita Lacrosse
High School
Chumash League
Fall 2009*



The Wichita Lacrosse High School "Chumash" League (3 vs. 3) will be run through the Wichita Lacrosse Association (WLA) and will consist of players' **grades 8 – 12**. All players will learn the game from experienced lacrosse players and coaches.

WHEN: From 3p.m.until 5p.m. every Sunday beginning September 20, 2009 and continuing until November 1, 2009. (9/20, 9/27, 10/4, 10/11, 10/18, 10/25, and 11/1).

WHERE: Eastview Park on 13th Street between Rock Rd. and Woodlawn Ave. in Wichita.

HOW MUCH: \$30 per person. Payment is due with registration.

EQUIPMENT: Boys: Equipment consists of helmets, gloves, elbow pads, shoulder pads and a stick. **Girls:** Equipment consists of stick and goggles. Some loaner equipment will be available for new players to borrow.

Participant Name: _____

Participant's Age _____ Grade: _____ Male Female

Parent's Names: _____

Address: _____ City/Zip _____

Primary Phone: _____ Alternate Phone: _____

Parent's e-Mail _____ Player e-Mail _____

Will you need loaner equipment? Yes No

As legal guardian of this participant, I hereby verify by my signature below that I have read, I fully understand and I accept each of the following conditions, especially the waiver and release set forth below.

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. I further agree on behalf of myself, my heirs, and personal representatives, that the WLA shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in the event.

Medical Attention: I hereby give my consent to WLA 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 child's participation in WLA recognized or sanctioned events.

Readiness to Compete: I will only allow my child to participate in those WLA competitions or activities in which I believe my child is physically and psychologically prepared to participate.

Media Wavier: I acknowledge that WLA and/or its sponsors or volunteers may take and utilize my child for media production in connection with promotional or other activities and hereby waive all rights of compensation. Check Yes No

Participant Primary Medical Insurance Carrier: _____ Policy Number: _____

US Lacrosse Membership number: _____

Parent's Signature: _____ Date: _____