



**HSE Boys Lacrosse  
2009 Summer Skills Clinic  
Registration Form  
[www.HSELACROSSE.com](http://www.HSELACROSSE.com)**

Players Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medical Condition/Allergies \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

**Parental Consent**

It is agreed that the undersigned parent(s) or guardian(s) of the above named player assume all risks and hazards in connection with HSE Boys Lacrosse activities, including transportation to and from activities. Medical insurance is not maintained for participants. It is further agreed that the parent(s) or guardian(s) and the undersigned release, indemnify and hold the HSE Boys Lacrosse, its directors and personnel engaged or volunteering to help conduct activities, the SPORTS Corporation and the City of Fishers forever harmless from any claim whatsoever arising out of any activity in connection with HSE Boys Lacrosse.

Additionally, the undersigned parent(s) or guardian(s) give permission for medical treatment of this child for illness or accident if they cannot be first contacted.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Bring completed form & check for \$25 to first practice or mail to:  
HSE Boys Lacrosse – Attn: Rick Verhoestra, 12776 Caliburn Court,  
Fishers, IN 46038. Make check payable to HSE Boys Lacrosse.**