



Directed by THE 2009 Colorado State Champion Arapahoe High School Lacrosse coach

AND ALL-AMERICAN ATHLETES

**Camp Dates:** High School Age Clinic July 19 through July 22, 2010 - 4:00 pm to 8:00 pm  
2<sup>nd</sup> through 8th Grade Clinic July 26 through July 29, 2010 - 4:00 pm to 8:00 pm

**Location:** Arapahoe High School: 2201 E. Dry Creek Road, Centennial, CO 80122  
Fields are located on the North side of the high school grounds

**Who:** Lacrosse players going into 2<sup>nd</sup> through 8<sup>th</sup> grades or going into 9<sup>th</sup> through 12<sup>th</sup> grades

**Cost:** \$125 – Please make checks payable to War Cry Lacrosse, LLC

**Bring:** Regular lacrosse equipment including helmet, gloves, arm pads, shoulder pads, athletic support with cup, and any equipment athletes or parents deem necessary. Defensemen should bring a short stick if they have one as well.

**Registration:** Please have your release waiver and registration form signed by a parent or guardian, and mail your signed registration form and a check payable to War Cry Lacrosse to:  
War Cry Lacrosse, PO Box 11042, Englewood, CO 80151.

**Schedule:** Each day will focus on improving individual technical skills, tactical game knowledge, team play and performance in special game situations

**Contact:** **Guy Cerasoli (720.244.8423)** [gcerasoli@ahslax.org](mailto:gcerasoli@ahslax.org)

**Coaches:** Arapahoe High School Lacrosse Coaching Staff who led the Warriors to 1<sup>st</sup> State Championship in 2009 and other top coaches yet to be announced.

**WAR CRY LAX CLINIC/CAMP REGISTRATION FORM**

Athlete's Name \_\_\_\_\_ US Lacrosse # \_\_\_\_\_ \*all campers must have current US lacrosse numbers. Get memberships at [www.uslacrosse.org](http://www.uslacrosse.org)

Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Parent/Legal Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Parent email address \_\_\_\_\_

Participant email address \_\_\_\_\_

Who can we contact in case of emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

With respect to the athlete participating:

Years playing lacrosse? \_\_\_\_\_ Position? \_\_\_\_\_ What other sports do you play? \_\_\_\_\_

Are you playing any of those sports right now?  yes  no

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

\_\_\_\_\_

**RELEASE**

By signing below, the undersigned, on behalf of himself or herself, the above player and each of their respective legal representatives, heirs, agents, administrators, successors and assigns (collectively, the "Releasing Parties"), hereby forever and fully releases, discharges and holds harmless War Cry Lacrosse, LLC and Littleton School District, and each of their respective past, present and future officers, directors, managers, members, shareholders, partners, employees, agents, sponsors, third parties, contractors, volunteers, representatives, successors and assigns and any other persons associated with them (collectively, the "Released Parties") from any and all liabilities, damages, losses, claims, judgments, demands, obligations, causes of action, controversies, agreements, promises, costs and expenses, including, without limitation, attorneys' fees and costs, damages for personal injury, damages and loss to personal property and non-economic and derivative losses, of any nature whatsoever, based on any theory of liability (including, without limitation, tort and contract), whether in law or in equity, known or unknown, absolute or contingent, which any of the Releasing Parties has or may now or in the future have arising directly or indirectly out of or related to any War Cry Lacrosse Clinic and Camps, including, without limitation, the player's participation therein. This release shall be binding upon the undersigned and the above player and any person claiming by or through either of them, and shall be binding and effective irrespective of physical defects, whether known or unknown, and any pre-existing conditions of the undersigned or the above player.

I, as a parent or legal guardian of the above listed participant in the War cry Lacrosse Clinics and Camps, hereby swear and attest that all participants registered on this form have read, understand and voluntarily signed this release. I fully understand and assume all of the risks associated with these activities and understand that engaging in lacrosse and related activities is inherently dangerous and may cause serious injuries, including serious bodily injury or death, or damage to personal property. I understand that I cannot sue the Released Parties and, if I do, I cannot collect any money or receive any other form of relief.

Signatures of Parent or Legal Guardians: \_\_\_\_\_

Signatures of PLAYER: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_