



PENN STATE LACROSSE

Sunday January 13, 2013

The Penn State Men's Lacrosse Team and Coaches Staff will be offering a **FREE CLINIC** on Sunday January 13, 2013.



Boys Ages 12 and under

Location: Holuba Hall

Time: 9:15 a.m. – 10:15 a.m.



Boys Ages 13 and over

Location: Holuba Hall

Time: 10:30 a.m. – Noon

Equipment: Lacrosse Stick(s) Sneakers for artificial turf Helmets Gloves Mouth guards
Shoulder and Arm Pads Chest Protector (Goalie) **Registration/wavier form**

For more information or to receive a clinic registration/wavier form please contact **Assistant Coach, Dave Shriver** at djs74@psu.edu

We look forward to seeing you there!

In accordance with NCAA guidelines, all Penn State University Sport Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participants

2013 PENN STATE CLINIC REGISTRATION FORM

BRING FORM TO REGISTRATION ON THE DAY OF THE CLINIC.

Sport: _____

Date: _____

Last name First name Birth date (m/d/y) Age

Home Address (Street, City, State, Zip)

Parent's/Legal Guardian's Name Home Phone Cell Phone

RELEASE

I, the undersigned, as a parent or legal guardian of _____, a minor, ask that he/she be admitted to participate in this clinic sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the clinic, or in the course of competition and/or activities held in connection with the clinic.

Additionally, I authorize Penn State to photograph, videotape, and/or audiotape my child in promotion of the University's clinics.

MEDICAL TREATMENT AUTHORIZATION

I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the program activities/camp.

Child's physical or emotional health conditions that the clinician should be aware of: _____

allergies _____,

recurring illnesses, disabilities, chronic illnesses, etc.: _____

medications _____,

Date of most recent tetanus immunization: _____
(If more than ten years ago, a booster shot is recommended.)

Name of emergency contact Phone no.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement.

I understand that, unless specifically stated otherwise in the Penn State program/camp literature, The Pennsylvania State University **does not** provide medical insurance to cover emergency care or medical treatment of my child.

Signature requested:

Parent's/Legal guardian's signature Date

In accordance with NCAA guidelines, all Penn State University Sport Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participant.