

BIG BLUE LACROSSE - - 2012 WINTER CLINIC

Sunday Evenings: January 8th – March 18th (off Super Bowl Sunday, 2/5)

Elementary School (grades 1-4): 5:45 – 7:00 PM

Middle School (grades 5-8): 6:45 – 8:00 PM

High School (grades 9-12): 7:45 – 9:00 PM

Location: Swampscott High School Gym
Format: Dynamic warm up
Fundamentals of passing/catching
Individual skill stations
Fun games and team concepts

Cost: \$100.00

Please complete below:

Name: _____

Age / School year: _____

School: _____

Position: _____

Telephone: _____

Address: _____

Parent Email: _____

Player Email: _____

Please enclose:

\$100 Check, payable to Swampscott Lacrosse & 2012 Winter Clinic Form

Signed Parental consent form

Mail to: **Melissa Kennedy**
83 Magnolia Road
Swampscott, MA 01907

Questions: Please email Josh Field at j_field@prmsales.com



INTRAMURAL AND/OR INTERSCHOLASTIC SPORTS

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I/We, the undersigned father, mother or guardian (circle or insert legal relationship to student, e.g., parent, guardian) of _____ (insert name of student) (my child), a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town/City and/or Public Schools of Swampscott (hereinafter the Town / City).

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Swampscott, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletics or recreation programs of the Town/City or Public Schools (the Releasees) from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic or recreation programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND, AND HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Swampscott voluntary athletics or recreation programs or administration of first aid.

I/We further affirm that I/we have read this Parental Consent, Release and Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in the Town/City and/or Public Schools' athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary Town/City and/or Public School athletic or recreation programs.

Sports and intramurals:

FALL _____ WINTER _____ SPRING _____

Signature(s) of Parent(s) or Guardian(s) Date Relationship

Signature of Student This form may not be altered.

This form will be on file in the Athletic Office – Swampscott High

The Swampscott Public Schools does not discriminate against students, parents, employees or the general public. No person shall be excluded from or discriminated against in admission to the Swampscott Public Schools, or in obtaining the advantages, privileges and courses of study of the Swampscott Public Schools on grounds of race, color, religious creed, national origin, sex, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, genetic information, ancestry, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, and handicap. Additionally, the Swampscott Public Schools does not tolerate harassment based upon race, color, sex, religion, national origin, or sexual orientation.