

**University of Michigan Women's Lacrosse Clinic
Registration/Emergency Form**

Name: _____
Address _____
Home Phone: _____
Birth date: _____
Year in School: _____
Years of Lacrosse Played: _____
Position _____

Parent/Guardian Name: _____
Work Phone: _____
Home Phone: _____
Parent/Guardian Name: _____
Work Phone: _____
Home Phone: _____
E-mail address _____

Doctor's Name: _____
Doctor's Phone Number: _____
Dentist's Name: _____
Dentist's Phone Number: _____
Preferred Hospital: _____
Emergency Clinic: _____

Please Indicate Appropriate Conditions (Explain if necessary):

Religious objections to physician contact _____
Contact lens/glasses _____
Bone/Joint condition _____
Diabetes _____
Heart Condition _____
Seizure Disorder _____
Hypertension or High Blood Pressure _____
Asthma _____
Special Blood Condition _____
Life Threatening Allergies _____
Medications needed/used _____
Other Conditions/problems _____
None Known _____

Participation Release Form

I hereby release The University of Michigan, The Women's Lacrosse Club, and their agents, representatives, and assigns from any responsibility or liability for any damages arising from personal injuries or property damage or loss arising from participation by my (daughter), (ward), in such activities. This is a release not only of my own rights as the (father), (mother), (guardian), but also the rights of my minor (son), (daughter), and (ward).

Signature of Parent or Guardian	Date	Phone Number
_____	_____	_____

Send Registration Form and \$40 Check payable to University of Michigan Women's Lacrosse to:
University of Michigan Women's Lacrosse, 21772 Glenwild Drive., Northville, MI 48167
***** You need to have a stick, a mouth guard, and a pair of goggles to participate**