The Haverford College men's lacrosse prospect day is a great opportunity to learn about our program, meet with current players, tour campus, and learn what Haverford and our program have to offer. The clinic will provide a great opportunity to train under the Haverford College men's lacrosse coaching staff.

MEN'S LACROSSE PROSPECT DAY
SUNDAY, MARCH 10, 2019
(10 A.M. - 2 P.M.)

WHERE: Haverford College
WHO: Open to all high school student-athletes
COST: $120
DEADLINE TO REGISTER: March 6, 2019
Haverford College Men's Lacrosse Prospect Day
Sunday, March 10, 2019

SCHEDULE
9:30 A.M.: Check In, GIAC Lobby
10:00 A.M.: Drills and Skills Session (Swan Field)
12:00 P.M.: Lunch on own/Alumni Panel (Parents are recommended to attend)
1:00 P.M.: Scrimmage
2:00 P.M.: Optional Campus Tour/Recruiting Q&A
3:00 P.M.: Day Concludes

WHAT TO BRING: All lacrosse gear, Sneakers (in case of inclement weather) and Cleats, Bagged Lunch

MAKE $120 CHECK PAYABLE TO: Haverford College Men's Lacrosse

QUESTIONS CONTACT: Nick Taylor - ntaylor1@haverford.edu - (610) 463-6733 (cell)

MAIL CHECK, REGISTRATION FORM & SIGNED WAIVER TO:
Nick Taylor, Head Men's Lacrosse Coach
Haverford College
370 Lancaster Avenue
Haverford, PA 19041

Due by March 5, 2019
No refunds will be honored after this date

Name: _______________________________________________________________________________
Age: _______________ D.O.B.:__________________ Graduating Year: _________Position___________
High School: __________________________________________________________________________
Address: _____________________________________________________________________________
City: ____________________________________ State: _____________ Zip: ______________________
Home Phone: _____________________________ Cell Phone: ________________________________
Email: ___________________________________ Parent’s Email: _______________________________
Parent(s)/Guardian(s): __________________________________________________________________
Insurance Carrier: ___________________ Group#: __________________ Policy#:_________________
Emergency Contact name/phone number: ___________________________________________
Haverford College Athletic Department Sports Camps & Clinics

Assumption of the Risk, Waiver, and Release Agreement

Name of Participant: _________________________  Name of Sports Camp/Clinic: _________________________

Dates of Sports Camp/Clinic: _________________________

In consideration of Haverford College’s acceptance of Participant into the above Sports Camp/Clinic, and intending to be legally bound, Participant (and his/her parents and/or legal guardians if Participant is under the age of 18 years old) agree as follows:

It is agreed that all risks attendant to watching and/or participating in camp or clinic activities, including, but not limited to bodily injury and ailments resulting from high heat or humidity, are assumed by Participant and that this assumption is acknowledged, approved, and agreed to by Participant as indicated by the signature(s) hereto.

Participant certifies that s/he is physically able to participate in the above camp or clinic and knows of no physical impairments or conditions which would in any manner limit his/her participation in such a program. Participant hereby grants permission for the College, including its employees and contractors, as well as athletic trainers, physicians, dentists, and other licensed health care providers and their designees, to secure transportation for the provision of emergency medical treatment to Participant; to administer outpatient medical, surgical, or dental services, as necessary; to administer antigens or other injections, as necessary; to provide emergency medical services; and/or to refer Participant to other duly licensed medical personnel.

Further, Participant, for his/her self, heirs, executors, administrators, and assigns, does hereby release and forever discharge Haverford College, including its managers, administrators, employees, agents, students, and volunteers, from any claims that Participant might have with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of Participant’s participation in the camp or clinic. Participant also agrees to save, hold harmless, and indemnify Haverford College, including its managers, administrators, employees, agents, students, and volunteers, against any and all claims, including for costs and attorneys’ fees, resulting from his/her participation in the camp or clinic.

By signing this Agreement, Participant is giving up, among other things, any and all rights Participant may have to sue Haverford College for injuries, damages or losses resulting from participation in the camp or clinic.

Participant understands that the terms of this Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, and that if any portion of the Agreement is declared invalid, the remainder of this Agreement shall remain binding and enforceable. Participant further agrees that this document constitutes the entire Agreement between the parties as to the subject matter herein, and that any oral representations, statements or inducements not specifically contained in this Agreement shall not be considered part of it.

_________________________________________
Name of Participant (typed or printed)

_________________________________________  ______________________________
Signature of Participant                    Date

_________________________________________  ______________________________
Signature of Parent/Guardian      Date
(if Participant is under age 18)