

Name of Parent/Guardian

SHINE ON SPORTS REGISTRATION AND WAIVER FORM 2017



NO

Date

	REGISTRATION AND	WAIVER FURM	2017	
Manual registration form for those that do not register online www.shineonsports.com; nikki@shineonsports.com				
PLAYER INFORMATION				
Player First:		Player Last:		
Address:		City, State, Zip:		
Date of Birth:		Graduation Year		
Player Email:		T-Shirt Size:		
US Lacrosse #:		USL # Expiration:		
PARENT / GUARDIAN CONTACT INFORMATION				
Parent First:		Parent Last:		
Parent Cell #1		Emergency #2		
Parent Email 1:		Parent Email 2:		
1) Which program would you like to register for (circle or highlight all that apply)? Visit website for dates & pricing.				
WINTER WARMUP ACADEMY (Grades 1-8)		WINTER SKILLS CHALLENGE CAMP (Grades 6-12)		
SPRING BREAK CAMP (Grades 1-8)		SUMMER LACROSSE CAMP (Grades 1-8)		
SUMMER SKILLS CHALLENGE CAMP (Grades 6-12)		SUMMER STICKWORK ACADEMY (5-12)		
LEADERSHIP TRAINING PROGRAM (L.T.P) (Grades 9-12)				

2) I allow my child's photo to be posted on social media to promote Shine on Sports (circle or highlight): YES

WAIVER AND RELEASE OF LIABILITY

Shine on Sports is not responsible for any injury (or loss or property) to any person suffered while playing, practicing, observing, or in any other way involved in the sport of lacrosse for any reason whatsoever, including ordinary negligence on the part of the above or their agents or employees.

In consideration of my participation, I hereby agree to indemnify and hold harmless any sponsor, their representatives, agents, employees, Board of Directors, officers, volunteers, referees, instructors, coaches or any other person or entity providing fields, property, services or assistance from and against any and all present or future claims resulting from any accident or negligence on the part of such persons or entities, for property damage, personal injury, or wrongful death, arising as a result of my participation in or receiving instruction in lacrosse activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims therefrom, both present and future.

I am aware that lacrosse is a vigorous sport involving severe cardiovascular stress. I understand that lacrosse involves certain risks, including but not limited to; death, serious neck and spinal injury resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with the knowledge of the danger involved and hereby agree to accept any and all inherent risk property damage, personal injury or death. I further agree to indemnify and hold harmless all of the persons and entities in the foregoing paragraph from and against any and all claims arising as a result o my participation in or receiving instruction in lacrosse activities or any activities incidental thereto, wherever, whenever or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of North Carolina. I affirm that I am of legal age (18) and am freely signing this agreement or, if I am under 18, my parent or legal guardian is also signing it. I have read and fully understand this agreement and that by signing this agreement I am giving up legal rights or remedies that may be available to me.

I have read and understand the preceding information. I know, understand and appreciate the risks associated with playing lacrosse and I
am voluntarily participating in the activity. I assume all of the inherent risks of lacrosse, I understand in the event of a medical emergency, ar
EMS will be called to render assistance and that I will be financially responsible for any expenses involved.

Signature of Parent/Guardian,

PLEASE INCLUDE PAYMENT WITH REGISTRATION FORM
MAKE CHECKS OUT TO SHINE ON SPORTS, 780 DONALD ROSS DR, PINEHURST, NC 28374