



**NEW JERSEY SOUTH LACROSSE CHAPTER  
COACHES CLINIC REGISTRATION FORM  
2010-2011**



**ALL ATTENDEE FEES DIRECTLY SUPPORTS YOUR CHAPTER AND ALL OF ITS' VOLUNTEER INITIATIVES AND ENDEAVORS.**

To learn more about your Chapter please go to: [www.njsouthlacrosse.org](http://www.njsouthlacrosse.org)

Participant's Name: \_\_\_\_\_

Booster Club Chairperson Name \_\_\_\_\_

Name of Program/Team : \_\_\_\_\_  Youth  High School

Address: \_\_\_\_\_ Phone #: (Home) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

TOTAL AMOUNT DUE:  \$40

All checks should be made payable to the NJ South Lacrosse Chapter

CASH  CHECK  CREDIT CARD:  VISA  MC  DSCVR  AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Mail Check Payment to:** Dale Oehler  
116 Lewis Lane  
Fair Haven, NJ 07704  
Tel: (732) 693-5093

**Date:** Saturday, November 12, 2011  
**Time:** 8:00AM – 1:00PM  
**Location:** GoodSports Indoor Pavilion  
2903 Highway 138  
Wall, New Jersey 07762  
**Directions:** [www.goodsportsusa.com](http://www.goodsportsusa.com)

All balances **MUST** be paid in full at the time of registration. **NO REFUNDS WILL BE GIVEN.**

**Please Read Carefully and sign the following Registration-Understanding/Waiver.**

In consideration for being allowed to participate in any way in GOODSPORTS USA/NJSLC athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPORTS USA/NJSLC or it's staff while they/I am on the premises of GOODSPORTS USA/NJSLC. I acknowledge that at GoodSports USA/NJSLC, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA/NJSLC and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPORTS USA/NJSLC to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPORTS USA/NJSLC is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate. GoodSports/NJSLC reserves the right to cancel or change any scheduled events.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_