**STANDING BUFFALO 2020 ATHLETE REGISTRATION** (JULY 16TH UNTIL ROUGHLY SEPT 10TH)

By completing this registration and understanding the risks associated with back to sports and COVID-19 for the athlete and supporting group. You agree to all of the information in the SLA information package and waiver/risk assessment. It is also your responsibility to practice social distancing and safe sanitary responsibility on and off the field. The camps are conducted by the SHATTLER LACROSSE ACADEMY.

Athletes Name \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletes Birthday \*(D/M/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Email \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletes Phone \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Address \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Additional Information ( Health card #, allergies and other health issues? )\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Age Division \* (U8-U11-U13-U15-U18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Position \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletes Hand \*(Left or Right)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Information (Parents names, cell/home #, address etc.)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**FORMS SIGNATUIRE NEEDED**

**If the PARTICIPANT is under the age of majority, I hereby certify that I am the parent and/or legal guardian of the minor and do hereby give permission for him/her/them to participate in the EVENT.**

**Print parent and/or legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You read and understand **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT** ? (To be executed by Participants under the Age of 18) WARNING! Please read carefully By signing this document, you will assume certain risks and responsibilities:

Print parent and/or legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You read and understand **SLA CONSENT AND ASSUMPTION OF RISK MANAGEMENT**? By stating YES it acts as your signature. (To be executed by Participants under the Age of 18) WARNING! Please read carefully By signing this document, you will assume certain risks and responsibilities:

**Print parent and/or legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You read and **understand SASKATCHEWAN LACROSSE ASSOCIATION DECLARATION OF COMPLIANCE – COVID-19** ? By stating YES it acts as your signature. (To be executed by Participants under the Age of 18) WARNING! Please read carefully By signing this document, you will assume certain risks and responsibilities:

**Print parent and/or legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**