

Print this document and sign each section.

Send this signed document to **850 Pinewood Avenue, Schenectady, NY 12309** with the first payment of \$350.00



Checks payable to: **Albany Power Lacrosse Club**

I have read and agree to the "Assumption of Risk Document:" presented on the registration document:

Sign \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree to the "Release and Grant of Consent for Medical Treatment" presented on the registration document:

Sign \_\_\_\_\_ Date: \_\_\_\_\_

I hereby release Chris DeLano, Mike Vorgang, Albany Power/ADK Power coaches, and any other agent of Albany Power from any liability if my child is injured in any way while playing at the field, while traveling, or while present at any other facility while under the auspices of Albany Power. I also give Albany Power/ADK Power coaches and staff the permission to administer first aid to my child for common, minor injuries.

Sign \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the cost of the ADK Power Summer Lacrosse Program is \$640 (\$745 for three tournaments). I also understand that all players will also pay a \$40 mini-camp fee. I understand that the cost of the program includes practices and 2 tournaments. I understand that additional tournaments and equipment have additional fees. I understand that the complete fee is due by the end of the summer program, and payments that are overdue as of 11/2011 will be subject to an additional processing fee.

Sign \_\_\_\_\_ Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ School: \_\_\_\_\_

ADMIN USE ONLY
Check # _____
Amount _____