

Print this document and sign each section.

Send this signed document to 850 Pinewood Avenue,
Niskayuna, NY 12309 with the first payment of
\$150.00. Check 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 and 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 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 Winter Lacrosse Program is \$265. I understand that the cost of the program includes practices only. I understand that additional tournaments and equipment have additional fees. I understand that the complete fee is due by the end of the Winter program.

Sign _____ Date _____

Albany Power Use only:

Player Name _____ School _____

Amount: _____

Check #: _____