

Print this document and sign each section.

Send this signed document to 850 Pinewood Avenue,
Schenectady, NY 12309 with the first payment of \$150.00
or complete payment of \$275



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 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 Albany Power Fall Lacrosse Program is \$275. I understand that the complete fee is due by the 2nd practice of the fall program, and payments that are overdue as of 11/2011 will be subject to an additional processing fee.

Sign _____ Date: _____

Player Name: _____ School: _____

Check # _____
Amount _____