

Concordia University Wisconsin Prospect Camp
Sunday September 18th, 2016--- Mequon, WI
10am-12pm- Skills camp on field/1230pm-1pm- Recruiting presentation

- Participate in a 2 hour clinic/practice session which is very similar to what we do on a daily basis as a college lacrosse program. The coaching staff will get hands on access and a firsthand look at your on field skills and abilities
- After the on field portion of camp, hear from the CUW lacrosse staff on the college recruiting process and what we expect from our players and how to navigate the process
- After the recruiting talk, stick around to tour CUW and our athletic facilities to see what we have to offer (optional)
- Camp T-Shirt for each attendee

CUW LACROSSE PROSPECT CAMP

Location: Concordia University Wisconsin—Mequon, WI

Cost: \$110 (strict no refund policy)

Registration:

Name: _____ Age: _____ Grad Year: _____ T-Shirt Size _____

Address: _____

City, State, Zip: _____

Phone Number: _____ High School: _____

Email: _____ Position: _____

Please make checks payable to: Concordia University Wisconsin and send payment registration to Concordia University Wisconsin, 12800 N. Lake Shore Dr, Mequon, WI 53097 ATTN: Men's Lacrosse Office

Questions or concerns please contact:

Head Coach Michael Fahey- 262-243-4547/michael.fahey@cuw.edu

See attached waiver form and include signed with registration.

1. Each of the undersigned hereby states: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event or lacrosse tournament. I agree on behalf of myself, my heirs, and personal representatives that Concordia University Wisconsin, CUW LACROSSE PROSPECT CAMP, and their members, owners, directors, officers, agents, employees, and volunteers (collectively the "Covered Parties") shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my participation in the CUW LACROSSE PROSPECT CAMP or any activities relating to the CUW LACROSSE PROSPECT CAMP or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my participation in the CUW LACROSSE PROSPECT CAMP: I hereby waive any claims that I might have against any covered parties and release all covered parties from any such liability; and I agree to indemnify the covered parties against such claims. In addition, I hereby give my consent to the CUW LACROSSE PROSPECT CAMP, the owners and operators of the CUW LACROSSE PROSPECT CAMP and all covered parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in activities related to the CUW LACROSSE PROSPECT CAMP. Notwithstanding the foregoing, I understand and agree that none of the covered parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Health Insurance: _____

Policy #: _____

US Lacrosse # (If applicable): _____

