

CORTLAND LACROSSE PROSPECT CAMP



Student-Athletes will be coached and evaluated during individual drills, practice sessions, and a scrimmage which will conclude the day. Participants will work closely with the entire Cortland Men's Lacrosse Coaching Staff.

*ALL ATHLETES ARE REQUIRED TO WEAR FULL EQUIPMENT IN ORDER TO PARTICIPATE! Full equipment includes helmet, shoulder pads, elbow pads, gloves, AND mouth-guard. All lacrosse activities will take place on Grady Field in the Stadium Complex (turf) if weather allows OR inside Lusk Field House (all-purpose floors)- all players need to bring sneakers (basketball shoes/cross trainers etc.) in case the weather pushes us into Lusk.

COST: \$125 (Please make checks payable to: **SUNY Cortland Men's Lacrosse)**

****Pre-registration is required. Please complete waiver and return form by Friday February 23, 2024 to the address below:**

**Cortland Men's Lacrosse
PO Box 2000
Cortland, NY 13045**

WAIVER/RELEASE OF LIABILITY

Participant's Name: _____ D.O.B.: _____

Street Address: _____ Grad. Year: _____

City, State, Zip: _____

Player Cell Phone: _____ High School: _____

Player E-mail: _____ Position: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____ E-mail: _____

As the parent/guardian of the child named above, I understand the risks involved in the above participant's (son) involvement in Lacrosse Prospect Camp sponsored by SUNY Cortland. I verify that my son has an up-to-date physical and is hereby released to participate in any/all activities associated with Prospect Camp. I verify that he has no physical impairments/disabilities that would preclude him from participation or make him prone to injury. I understand and acknowledge that in the case of illness, accident or injury my child will be evaluated by and receive medical treatment from emergency response personnel. By signing this waiver, I fully and irrevocably agree that SUNY Cortland, it's agents, students, employees, and the SUNY Cortland Lacrosse Team shall not be held responsible or liable for any injury or otherwise. I acknowledge and understand that I am responsible for any and all bills generated for first aid, medical and emergency services for my child resulting from any incident, injury or otherwise, while participating in this event.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____