



# **ALL-PENN LACROSSE GAMES**



**July 18<sup>th</sup> – July 19<sup>th</sup> 2009 at York College of P.A.  
Grumbacher Sport and Fitness Center  
Kinsley Field- York College's official Lacrosse Stadium**

P.A. lacrosse Teams have the opportunity to Compete and earn the distinction of the ***BEST IN PENNSYLVANIA!***

**-4 Full Games - College Exposure –Coaching sessions- One Central Location!**

***Format: P.A. High school, Club, & Travel teams will compete for a two day tournament to showcase their talent in a state of the art college facility in front of an audience of college coaches. Each team will play 3 games and at least 1 playoff series with teaching sessions in between.***

**-Each team will also have two Learning Sessions/ Practices with College coaches and Players.**

**-Once Playoffs have concluded each Head Coach will vote and select an ALL PENN SELECT All Star Team and earn the title BEST IN P.A.**

**Director: - Jim Griffin- Head Mens Lacrosse Coach York College of P.A.  
Office: 717-815-1949  
E-Mail: [jgriffin@ycp.edu](mailto:jgriffin@ycp.edu)**

**Fee:** Each Team will be charged \$65.00 per player.  
Fees include: Field usage, Game officials, locker rooms available with Training sport medicine faculties, Athletic training medical staff, and Awards

Payment is due with Application: Deadline for Applications is July 10<sup>th</sup> 2009.

Please Make Checks Payable to: All- PENN Lacrosse

Send Registration Information and Payment to:

Men's Lacrosse Office  
Grumbacher Center -York College of P.A  
Attn: Jim Griffin Country  
Club Road York, PA 17405

TEAM REGISTRATION FORM

TEAM NAME: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_

Team Colors: \_\_\_\_\_

Number of Players on Roster: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

\*All Coaches are to provide a Full Detailed Roster with Names, Number, Position, Contact Phone, and Mailing Address.

- All Coaches must have each Participant complete the Waiver Release Form/ Insurance form/ and Participant form.
- Payment deadline is July 6<sup>th</sup> 2009, Insurance information with Waiver forms are due the day of Competition.
- An information sheet of all college coaches in attendance will be issued to coaches.
- Votes for ALL-PENN will be due by Sunday at noon. You cannot vote for your own players.
- Players selected to ALL-PENN will receive an Official Certificate by Mail and listed on the Website: [www.ALLPENNLACROSSE.Com](http://www.ALLPENNLACROSSE.Com)
- The Schedule with Games and times will be posted - 1 week prior to competition.
- All Rosters will be posted online 1 week before the date.
- Teams are required to Provide there own uniforms.
- Teams also must provide own Meals.

## **Participant Waiver & Release**

SIGNATURE IS REQUIRED TO PARTICIPATE

In Consideration of my participation in ALL-PENN Lacrosse Camp, LLC. Sponsored events and activities,  
I agree to the following:

1. Waiver and Release: 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 and related Sports conditioning activities. I further agree on Behalf of myself, my heirs and personal representatives, That ALL-PENN Lacrosse Camp, LLC., along with coaches, officials, referees, volunteers, employees, Agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

2. Medical Attention: I hereby give my consent to ALL-PENN Lacrosse Camp, LLC. to provide, through a medical staff of its choice, customary medical/ Athletic training attention, transportation and Emergency medical services as warranted in The course of my participation in ALL-PENN Lacrosse Camp, LLC. Sponsored or sanctioned events.

3. Readiness to Compete: I will only participate In those competitions or activities in which I Believe I am physically and psychologically prepared To participate.

Date

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### **Signature of Participant Date**

York College of P.A., is not responsible or  
Liable for any of the activities in respect to the camp;  
The Camp Director is an independent contractor.

## For Any Participant Who Is Not Yet 18 Years Old

As legal guardian of this participant, I hereby Verify by my signature below that I have read and Fully understand each of the conditions under the Participant Waiver & Release section for permitting My child to participate in any ALL-PENN Lacrosse Camp, LLC. sponsored events and activities, and I accept Each of the conditions, especially the waiver and Release set forth in paragraph one.

Date \_\_\_\_\_ --

**Signature of Parent/Guardian Date**

## Refund Policy

\$50 of the camp fee is non-refundable for cancellations Prior to June 1, 2009 (regardless of the reason For cancellation). For cancellations after June 1st, \$100 of the fee is non-refundable (regardless of the Reason for cancellation). The entire fee is non-refundable For cancellations on June 12th (unless there Is a doctor's note).

## Insurance Information

**Applicant Last Name First Name MI**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

All participants are required to be covered with Insurance for accidental injury. In most instances, Family health insurance is adequate. Please indicate your family health insurance plan below.

\_\_\_\_\_  
Insurance Name ID#

**Health Insurance Company**  
**Policy Authorization Number(s)**  
**Medical Treatment Authorization**

I/We, being the legal guardians of the applicant,  
Authorize the ALL-PENN Lacrosse Camps, LLC. And its  
Agent's permission to request medical treatment as  
Necessary to ensure the well being of our dependent.

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Parent/Guardian Date**