

The Summer 1 Bison Brawl Prospect Clinic @ Bucknell University

Grade/Age: Open to all rising and current 9th-12th graders. Session Capacity is 80 prospects.

Separate Session Dates: Sunday, 6/4/17. 10am-1pm.

Where: West Grass Field A above Holmes Stadium. Check-In at the field opens 30 minutes prior to the start time.

Equipment: All players must bring helmet, stick, gloves, arm pads, shoulder pads, and mouth piece when playing in the stadium.



Cost/Registration: Cost is \$150 for each session. Checks must be mailed with consent form along with COMPLETING THIS: [Registration Link](#) . Indicate session attending on waiver below. Checks made payable to: Bison Brawl FedLax LLC. After completing the electronic Registration Link, and mailing in the medical waiver below with your check; you will be registered and will receive email confirmation. Please complete the 2 page waiver form below and mail with check to the following address:

Frank Fedorjaka
Head Lacrosse Coach
KLARC -701 Moore Ave.
Bucknell University
Lewisburg, PA 17837

Fundamental topics that will be emphasized: catching, throwing, shooting, ground balls, Goalies, Face-offs, 1 on 1 offense and defense, along with half field and full field team play. You will go through a D1 college style practice. Scrimmage time will be reserved for the last hour.

Coaches: Frank Fedorjaka
Bucknell Head Lacrosse Coach

Joe Conner
Bucknell Assistant Lacrosse Coach

Brian Small
Bucknell Assistant Lacrosse Coach

2017 Bison Brawl Prospect Clinic

Participant Waiver & Release

SIGNATURE IS REQUIRED TO PARTICIPATE

I confirm that _____ (“Player”) will participate in the 2017 Bison Brawl Prospect Clinic (“Prospect Clinic”) of Fed Lax LLC (“FedLax”) on the clinic date of _____.

I confirm that Player has had a routine medical examination within the past year and that such examination revealed no medical reason why Player cannot participate in or is limited in participation in athletic activities such as lacrosse.

I know that lacrosse is a contact sport that is inherently dangerous and involves risk of injury to Player, including permanent disability and death, and severe social and economic losses, which might result from Player’s own actions, inactions or negligence, the action, inaction or negligence of others, the rules of play, the condition of the premises or any equipment used or transportation to or from a lacrosse event. Such risks exist despite particular rules, equipment and personal discipline that may reduce risks. Player is responsible to provide his own equipment, and risks involved with that equipment. Further, I know that there may be other risks not known or reasonably foreseeable at this time. I knowingly and voluntarily assume all of the risks set forth in this paragraph.

I affirm that on my own initiative and assumption of risk, Player will participate in the Prospect Clinic. In consideration of the organization, sponsorship, coaching, training and competition services for Player, I hereby hold harmless and release, forever discharge and covenant not to sue FedLax, Frank Fedorjaka, the venue at which the Prospect Clinic takes place and individually and collectively its owners, agents and staff, and, individually and collectively, FedLax’s organizers, directors, administrators, employees, coaches, sponsors, volunteers, associates and other participants, and their agents, assigns, heirs, personal representatives and next of kin (collectively, the “Releasees”), from any and all liability, claims, rights or causes of action that may arise out of or be alleged to rise out of personal injury or property loss or damage sustained by Player because of Player’s participation in the Prospect Clinic activities and programs, wherever located.

Signature of Participant

Date

Participant Last Name, First Name (Please Print)

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD

This certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to the release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities, incident to my minor child's involvement or participation in the Prospect Clinic as provided above.

Signature of Parent/Guardian

Date

2017 Bison Brawl Prospect Clinic Medical Information

FOR PARENT(S)/GUARDIAN(S)

Medical Care and Insurance

The Bison Brawl utilizes and maintains the Bucknell University athletic training room during its camps for the treatment of minor injuries or illness, and we will have a certified athletic trainer on the clinic staff. The clinic and its training staff do not provide supplies for preventive taping to campers. Injuries requiring medical treatment, hospitalization, and/or surgery will be referred to the Evangelical Community Hospital (2 miles north of campus). A parent or guardian of each player must fill out and sign this camp medical and insurance form granting permission to administer the appropriate medical attention, if necessary. Parents or guardians will be called immediately upon occurrence of any such injury and need of such medical attention. **Bucknell University does not provide medical insurance for those attending.** Should hospitalization and/or the care of a physician be required, the camper must rely on her medical insurance plan for payment of all medical services rendered.

Insurance Information

Player's Name: _____

Insurance: _____

Company Name: _____

Policy Holder: _____

Group # and Policy #: _____

Allergies: _____

Other possible health concerns (i.e. severe asthma, pre-existing injuries coming into camp, prescription medications, disabilities, allergic reactions to bee stings, etc.):

Emergency Contact and Phone: _____

Medical Treatment Authorization As a parent/guardian, I authorize the treatment of my child by a qualified and licensed medical professional in the event of an accident, injury or sickness for which medical and/or surgical treatment is required. This release is effective during the period of time in which my child is participating in the Bison Brawl Prospect Clinic. I also hereby assume the responsibility for payment of any treatment. I authorize a representative of the Bison Fall Prospect Clinic to authorize the health care professional or professionals in charge of my child's care to administer such treatment, including anesthetic, and perform such operations as may be deemed necessary or advisable in the diagnosis and medical care of my child. **This authority is granted only in the event of an emergency or after reasonable effort has been made to reach me (the parent/guardian of the child).**

Signature of Parent/Guardian

Date

