



2010 High School Lacrosse Coaching Interest Form

Name:							
School:							
School Address:							
City:		Zip:		County:			
Home Address:							
City:		Zip:		County:			
Home Phone #:	()	School Phone #:	()	Region:	(see map)		
Fax #:	()	Number of years as a high school <u>head</u> lacrosse coach:					
Conference:		Circle One:	1A	2A	3A	4A	Independent
E-mail Address:							

Yes, I would like to be considered to coach in the 2010 State Games of North Carolina High School Lacrosse Showcase. Please consider me for the following (check all that apply):

- Girls Head Coach Girls Assistant Coach
 Boys Head Coach Boys Assistant Coach

Send all correspondence to my:
(Remember, the school year will end before the State Games.)

- Home School

Which phone numbers would you like published in our printed materials that will be mailed statewide:

(Remember, the school year will end before the State Games.)

- Home School Both

Please sign the Agreement to Participate on the reverse side.

**Please fax this form (both sides) to 919-361-2559, or mail it before February 12th to:
State Games Lacrosse - 406 Blackwell St Suite 120, Durham, NC 27701**



In consideration of being allowed to participate in any way in the STATE GAMES OF NORTH CAROLINA athletic/sports program and its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NORTH CAROLINA AMATEUR SPORTS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

X _____
PRINTED NAME OF PARTICIPANT PARTICIPANT'S SIGNATURE DATE

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE # DATE