

**A fast-paced, exhilarating sport!**

**It's a combination of basketball, soccer, and hockey.**

# IT'S LACROSSE!

**Come find out what the excitement is about, at the...**



# FALL LACROSSE CLINIC

Hosted by WINNERS Lacrosse & The Southeast DC Partners

**OCTOBER 12<sup>TH</sup> 3-5 PM**

**Located at Randle Highlands Elementary School**

(See Reverse Side for Permission Slip)

Contact Morgan Kret @ The Southeast D.C. Partners for details  
morgansedcp@gmail.com 301-802-7604

Intended for children aged 6-13.

Please read and sign below.

Your daughter or son must bring this signed permission slip the day of the clinic in order to participate.

I, \_\_\_\_\_, request that my

son/daughter/ward \_\_\_\_\_ be allowed to participate in the programs offered through Southeast D.C. Partners and the Southeast White House. I also give permission for my son/daughter/ward to ride in a vehicle operated during the course of these programs.

I understand my son/daughter/ward is expected to abide by all Southeast D.C. Partners and Southeast White House rules during the course of any and all programs.

I grant permission for Southeast D.C. Partners and Southeast White House employees and volunteers to administer the medications listed above, to seek medical attention for my child and to give permission to the physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my son/daughter/ward, (as named above) according to the medical standards and expertise then and there available. I understand that in case of emergency, I as the parent/guardian will be contacted as soon as possible and that none of the above treatment will be withheld if I cannot be reached.

I recognize and acknowledge that there are certain risks of physical injury to my son/daughter/ward as participant in Southeast D.C. Partners' program. I agree to assume the full risk of any such injuries, damages, or loss regardless of severity, which I or my son/daughter/ward may sustain as a result of participating in these programs. Accordingly, I waive and relinquish all claims from any such injuries, damages or loss that I, my son/daughter/ward, or my insurer may have against Southeast D.C. Partners, the Southeast White House, and/or the partners, officers, directors, volunteers, employees, and agents of those organizations.

Parent/Guardian \_\_\_\_\_

Relationship to the Participant \_\_\_\_\_ Date \_\_\_\_\_