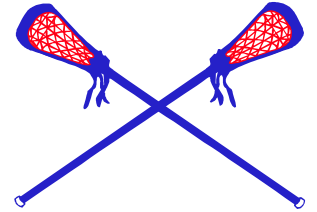
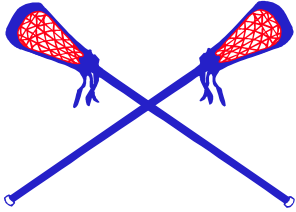


Coventry Commonwealth Games of Virginia
Middle School
Lacrosse Championships



DATE: July 11, 2009

Lacrosse Format: The 2009 Coventry Commonwealth Games of Virginia Middle School competition is for all teams. Teams may be chosen from Virginia Middle Schools (Public and Private Schools). Teams will play each other and then be positioned for the medal rounds.

Entry Fee: \$ 30.00 per player - Entry Fee includes games t-shirt as well as free admission to the Friday night Opening Ceremonies on July 17th and all sporting events.

Refund Policy: There will be no refunds of entry fees except for the following: 1) Entries received after the entry deadline; 2) Entries received after the maximum number of teams or individuals are bracketed, or if not enough entries are received to fill a division; 3) Entries of non-qualified participants. No refund will be given because an athlete fails to compete, or if inclement weather forces cancellation of an event; however the participant will still receive a t-shirt.

Lacrosse Schedule:

Team play will starting at 8:30 AM

Awards: Gold, Silver and Bronze medals will be presented to each member of the official roster following completion of each medal round.

Participation Requirements: Competition will be for boys Grades 6-8, 8th grade completed as of May 31, 2009.

For more information, contact your Coordinator:

Chris Pollock at 540.774.7725 or curtis413@aol.com

Coventry Commonwealth Games of Virginia - Lacrosse - Entry Fee \$ 30.00 per player.

Turn in completed entry form and signed waiver with check payable to Virginia Amateur Sports to your coach.

Full Name: _____

Birthdate: ____/____/____

Permanent Address: _____

Street Address

Apt.

City/State/Zip _____

Phone Number: (____) _____ **Email** _____

School: _____

Last Grade Completed: _____

Coach: _____

Accomplishments, individual and team - include scholastic honors:

(Write on back of this sheet if more room is needed.)

Release and Waiver of Liability

I am aware that during my participation and attendance at the Coventry Commonwealth Games of Virginia ("Games") and related services and activities, Virginia Amateur Sports, Inc. and its agents, employees and associates ("Sponsor"), will be providing various facilities and arrangements for the Games, and that certain risks and dangers may occur, including but not limited to, hazards inherent in the sport(s) in which I will be training preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazardous or dangerous conditions of the facilities and grounds used as part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all of the above risks and waive and release any and all claims or causes of action of every kind and nature which I may now or hereafter have against the Sponsor, the Coventry Commonwealth of Virginia, the Governor's Commission of Sports an Fitness, the National Governing Bodies, the owners of the facilities and grounds used in the Games and each of their directors, officers, agents, representatives, successors and assigns. The terms herof shall serve as a release, waiver and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors accompanying me.

Consent to Treatment

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, i consent to receive any and all Emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents.

Athlete's Signature _____ (If 18 years of age or older)

I consent to the above conditions and agree personally and on my child's behalf, to release, waive and assume the risks of any claims or causes of action which my child or I may now or hereafter have against each of the organizations and individuals listed above, and consent to allow my child to receive emergency medical treatment.

Parent/Guardian Signature _____ (If 17 years of age or younger)