Mount Ida College Men's Lacrosse Prospect Day

Saturday, October 15, 2016 12:00 p.m. - 4:00 p.m. at Mount Ida College, Alumni Stadium



XCEL Lacrosse is hosting a unique opportunity for rising Sophomores and Juniors ('17 and '18) that are considering playing lacrosse in college.

The goal of our prospect day is to provide prospective studentathletes with a glimpse into the lives of college lacrosse players both on and off the field. Directed Mount Ida Mustangs Head Coach, Andrew Fink, prospect day attendees can expect a full day of the college experience!

- Campus tour lead by the Mount Ida College's Admissions Department
- Recruiting seminar hosted by head coach Andrew Fink
- College level practice and skills session
- Full field scrimmage at Mount Ida's turf stadium

\$95.00 per player Includes Reversible Jersey and Lunch!

Prospect Day Schedule

10:00 a.m. - 12:00 p.m. Mount Ida Open House (optional)

12:00 - 1:00 p.m. Lunch and Registration

1:00 - 2:30 p.m. College Level Practice

2:30 - 4:00 p.m. Scrimmage

To register fill and mail in the form on the opposite side of this flyer or register online at www.xcellax.com/prospect

Questions? Contact XCEL Lacrosse at lacrosse@xcellax.com or (508) 202-0546 (phone/text).

Sponsored by: LACROSSE



2016 Prospect Day

Mail registration form along with check made payable to $\underline{\mathsf{XCEL}}\ \mathsf{Lacrosse}$ to:

Cost:

\$95.00 per player

XCEL Lacrosse 5 Hale Avenue Cumberland, RI 02864

 $chrisw@xcellacrosse.com \mid (508)\ 202\text{-}0546$

2016 PLAYER INFORMATION

Players Last Name				First		Middle Initial	Position		
					☐ Midfield ☐ Att	Attack Defense Goal			
Birth Date (MMDDYY) Age Gender			Registration Type (Team Regis			(Team Registra	ration Only) Team Name / Coordinator		
			☐ Individual (place me on a team) ☐ Team						
Mailing Address				City		State	ZIP Code Home Phone Number		lumber
							(
College/Club Affi	liation			Year of Graduation	Email Address (Roster and schedule will be sent to this address)				
Height	Weigh	it	Colleges You Are	Interested In					
EMERGENCY INFORMATION AND HOLD HARMLESS RELEASE FORM									
Name of person to be contacted in an emergency (please print)					Relationship to player			Emerge	ency Number
								()
In consideration of being allowed to participate in any way in the XCEL Lacrosse programs, 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, 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 XCEL Lacrosse, its 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; and, 5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorneys' fees if incurred in successfully defending against such claim. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.									
X									
SIGNATURE OF PARTICIPANT (OVER 18 YEARS OLD)						DATE			
Χ									
SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18 YEARS OLD)							DATE		