

**EMPOWER LACROSSE CLUB (ELC)
FINANCIAL ASSISTANCE REQUEST FORM**

PROCESS

1. Please print, complete this form and e-mail it to Reese Brown at reese@rdbevents.com.
2. A Financial Assistance Committee, approved by the ELC Board of Directors and charged with making final decisions, will review all applications and choose athletes and coaches for financial assistance based on the criteria below. Only this committee will review the applications. The goal is to offer assistance for a variety of events. The Chair of this committee will communicate the decisions to applicants via e-mail as soon as possible after decisions are made.
3. The ELC Financial Assistance Committee will use several criteria when awarding financial assistance to girls lacrosse players (grades 3-12), and girls lacrosse coaches. Applicants must meet the following criteria:
 - a. Show a sustained commitment to lacrosse
 - b. Demonstrate financial need (with the exception of coaches)
 - c. Be a local athlete/coach participating in events Empower has targeted for ELC Financial Assistance Grants
 - d. Submit the ELC Financial Assistance Request Form at least 1 week prior to the due date for that event. Late forms will be considered based on available funds.
4. In general, the Empower Financial Assistance Grants cover half the cost of an event, so that ELC may offer assistance to more families and coaches.
5. If a player/coach cannot participate without assistance to cover the *full* cost of the event, please state that on the Financial Assistance Request Form.

INFORMATION

Name of Applicant: _____

Parent/Guardian Name (if applicant is a minor): _____

Applicant's Grade (if a player): _____

Email: _____ Phone Number: _____

Mailing address:

Street Address/Apt: _____

Town: _____ State and Zip Code: _____

Please explain why you are requesting financial assistance for this Event/s. Please include whether this assistance will enable you to participate in this Event/s:

Briefly describe your commitment to the sport of lacrosse:

EVENTS/ORGANIZATIONS

For which organization **AND** event will you use the financial assistance?:

- ECHO Lacrosse Club: <https://echolacrosse.com>
 - Event and Dates:
 - Total Cost & Amount Requested:

- Got Game Lacrosse Camps at Dartmouth College: <https://www.gotgamelacrosse.com>
 - Event and Dates:
 - Total Cost & Amount Requested:

- Amy Patton, Inc. <https://amypattoninc.com>
 - Event and Dates:
 - Total Cost & Amount Requested:

- Other Event: If none of the above will work for your family, please provide the name of the Organization, Event, Dates & Cost below.
 - Organization:
 - Event and Dates:
 - Total Cost & Amount Requested:

E-mail of contact person managing the Event/s

1. _____
2. _____

TERMS AND CONDITIONS

1. All grants will be made in connection with a specific event. Empower Lacrosse Club will make the check payable to the event organizer and will send the check to the person or family to whom the grant has been made. It shall be the recipient's responsibility to timely submit the grant check along with all other required application materials for the relevant event.

2. Any person accepting a grant from the Empower Lacrosse Club, by so accepting, promises either to attend the relevant event or to refund to Empower Lacrosse Club the full amount granted. The recipient promises to submit evidence of attendance or to refund the grant in full within 30 days of the completion of the event for which the grant was awarded.

3. **WAIVER AND RELEASE.** I am fully aware of and appreciate the risks associated with participation in a lacrosse event, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses. I understand that the Empower Lacrosse Club plays no role in the administration of any of the events for which it awards grants and that Empower Lacrosse Club makes no warranty or representation as to the operation and safety of any such events. I agree on behalf of myself, my heirs and personal representatives, forever, to INDEMNIFY and HOLD HARMLESS Empower Lacrosse club, together with its volunteers, employees, agents, officers, and directors, generally and specifically, from any and all liability for death, personal injury, or property damage resulting in any way from my participating in recreational programs, competitive events, or training for competitive events.

Applicant's Signature: _____ **Date:** _____

By signing this application, including the WAIVER AND RELEASE, as Parent/Guardian, I am consenting to the Applicant's application and acknowledge that I am responsible for the fulfillment of the terms and conditions of this application and further acknowledge that I understand that any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

Parent/Guardian's Signature: _____ **Date:** _____
(if Applicant is under 18 years old)