New Hampshire Tomahawks Indoor Lacrosse '10/'11
Player Registration Form

Instructions: Please print & complete this form. Player should mail $110/session fee along with form to address below.
Please make checks payable to: New Hampshire Tomahawks
Mailing Address: New Hampshire Tomahawks, P.O. Box 10142, Bedford, NH 03110

Name: Grade:

Street Address: School:

City: State: Zip:

Home Phone: Cell Phone:

Email:

Position (circle): Attack Midfield Defense Goalie

Registering for session(s):

____ Session 1 (Begins Nov 28, 2010) $110

____ Session 2 (Begins Jan 23, 2011) $110

Division: H.S. Girls H.S. Boys U-15 Girls U-15 Boys U-13 Boys U-11 Boys

Registering as (circle): Free Agent or Team* (Name _____)

Participant Waiver Statements

Player Name:

I, the undersigned, hereby certify that I am the parent or legal guardian of the above named player. I am fully aware of and appreciate the risks associated in participation in the New Hampshire Tomahawks Indoor League at Rising Stars and the related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that New Hampshire Tomahawks along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any personal injury or any other loss or damage whatsoever occurring as a result of participation in this program.

I hereby give consent to the New Hampshire Tomahawks Lacrosse League to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of the above named player's participation.

I certify that the above named player is in good health and may participate in all activities as a player in the New Hampshire Tomahawks Indoor Lacrosse League.

I give consent for my child to be photographed, videotaped and/or filmed while participating in activities and for the resulting images to be used by New Hampshire Tomahawks for teaching, promotional and website purposes.

As parent/legal guardian of the above player, I hereby verify by my signature that I have read and fully understand each of the above conditions for permitting my child to participate in the New Hampshire Tomahawks Indoor Lacrosse League, and I accept each of the above conditions.

Parent/Guardian:

Name: Signature: Date:

Emergency Contact: Tel: Cell:

Family Doctor: Doctor's Phone:

Special information regarding medical history (please note on back):