

Waiver of Liability

Club Name _____ Jersey # _____

Please complete all fields, sign (athlete and parent/guardian) and give to your tournament coach.

First Name _____ Last Name _____

E-Mail _____ Tourney Jersey # _____

Address _____

City _____ State _____ Zip _____

High School _____ Grad Yr _____

Waiver of Liability: In signing this application, I release Baldwinsville Girls Lacrosse Booster Club & all other involved parties from any claim or responsibility for injuries suffered in the tournament. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume Full responsibility for my participation. I certify that I am in good physical condition and can participate in the Star Spangled Girls Lacrosse Tournament. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

Athlete's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

Health Insurance Provider _____

Policy # _____

Coaches:

- please have each of your players sign one of these forms
- put them in numerical order by jersey number
- place a roster on top of the pile
- then staple them