

CYLA Spring Fling Participant Waiver Form

In consideration of my participation in the Coventry Youth Lacrosse Association sponsored events and activities, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Wildcats Lacrosse/US Lacrosse/PAGLA, along with its coaches, officials, referees, umpires, volunteers, employees, agents, officers, and directors of these organization, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event and/or being transported to or from the event in transportation I hereby authorize.
2. Medical Attention: I here give my consent to Wildcats Lacrosse to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Wildcats Lacrosse Association sponsored or sanctioned events.
3. Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.
4. Code of Conduct: I have read and agree to all terms in the US Lacrosse Code of Conduct, especially with regard to my responsibilities as a player.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above condition for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

_____ has my permission to participate in the CYLA Spring Fling on April 20 & 21, 2012 (or the rain date if one is utilized).

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

League & Team Name Grade Division 3/4 5/6 7/8
(Circle One)

SIGNATURE IS REQUIRED FOR PARTICIPATION. ALL ATHLETES MUST BRING SIGNED WAIVER THE DAY OF THE TOURNAMENT.