

LAXERGIRL, LLC

PLAYER REGISTRATION SHORT FORM & RELEASE

Please fill out and return by email (ck@laxergirl.com) or in person before participation

Player Name _____

Address _____ **US Lacrosse #** _____

City _____ State _____ Zip _____

Phone # _____ e-mail _____

Date of Birth _____ Grade _____

Guardian's Name _____

Address if different from Player _____

City _____ State _____ Zip _____

Phone # _____ e-mail _____

Emergency Contact Name and # _____

Known Medical Conditions: _____

In the event of injury or illness, I give my consent for necessary emergency medical treatment and will be responsible for all costs involved. We will make an attempt to contact you before treatment is given.

Initials

WAIVER & RELEASE: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that LAXERGIRL, LLC, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my or my child's participation. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any lacrosse event and accept each of the above conditions of the waiver and release.

Signature of Player, Parent or Guardian

Date

Printed Name of Player, Parent or

_____ Initial here if you **DO NOT** give permission for your player to be photographed or have name released to appropriate Lacrosse organizations.