



Walk-in Registration for **Tryouts- Teams.**

Participant Information

Participants First Name: _____

Participants Last Name: _____

Email (VERY IMPORTANT) _____

Mailing
Address _____

Phone _____

Grade as of September: _____

Tryout Position, please circle one: **Attack** **Middie** **LSM** **Defense** **Goalie** **FO**

School: _____

Previous Club Teams: _____

Permission for photos

- I give permission for photos of my child to be displayed on the Patriot Lacrosse Website, or in print without mention of his / her name
- I understand my child will be participating in a contact sport competition for a position on a Patriot Lacrosse Elite Team.

Waiver & Release of Liability

- * 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. I further agree on behalf of myself, my heirs, and personal representatives, that Patriot Lacrosse, the host organization, and sponsors of any Patriot Lacrosse event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, 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.

guardian's signature

Office Use: Tryout number: _____ \$75.00 Payment: _____