



**Athlete Registration, Waiver & Release of Liability**



First Name \_\_\_\_\_ Last Name \_\_\_\_\_ TeamName \_\_\_\_\_  
 Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell Phone \_\_\_\_\_ Coach \_\_\_\_\_  
 Month Day Year  
 School \_\_\_\_\_ HS Grad Yr \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 E mail  Athlete \_\_\_\_\_  Parent \_\_\_\_\_  
 Mom's Name \_\_\_\_\_ Cell \_\_\_\_\_ Dad's Name \_\_\_\_\_ Cell \_\_\_\_\_

- Goal
- Defense
- Midfield
- Attack

Division  Rising SR  Underclass  Risers

**Waiver & Release of Liability**

I recognize and acknowledge that there are certain risks of physical injury to participants in the organized team sport of lacrosse and I knowingly assume full responsibility for my minor child/ward's participation and thus the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I do hereby forever waive, release, discharge and relinquish all claims against Synapse Sports, Inc. and its member clubs, womenlacrosse.com and its affiliated lacrosse events, its owner(s), officers, agents, employees and volunteers, insurers, successors and assigns from any and all claims, costs, expenses, liabilities, losses, damages for personal injury, disability, death, property loss or otherwise that I or my minor child/ward may have or which may accrue as a result of, arising out of, connected with, or in any way associated with her/his participation in the organized team sport of lacrosse and/or any related activities, programs, events or services.

I certify that my minor child/ward is in good physical condition and can participate in the game of lacrosse. Further, I authorize the club or event administrators to request medical treatment for my minor child/ward as necessary to insure their well-being.

I have read and fully understand the above Athlete Waiver & Release of Liability and agree to its terms in their entirety.

Athlete \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

4/15/09

**Mail completed form to your coach**

**Please send TOP portion ONLY to your coach.**

