



Print Legibly !

Athlete Registration

First Name _____ Last Name _____
 Birthdate _____ / _____ / _____ Cell Phone _____
 School _____ HS Grad Yr _____
 Home Phone _____ Home Address _____

Skyscraper Team _____ Your # _____
 Coordinator _____
 Cell Phone _____

e mail Athlete's _____ Parent's _____
 Mom's Name _____ Cell _____ Dad's Name _____ Cell _____

Waiver of Liability

In signing this application, I release womenslacrosse.com, Randall's Island Sports Foundation & other involved parties from any claims 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 this event. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

Athlete _____ Date _____ Health Insurance Provider _____
 Parent/Guardian _____ Date _____ Policy # _____

Mail completed form to your coach

Please send TOP portion ONLY !

Submit ALL waivers by 10/10/08



300 Unity Lane Annapolis, MD 21401

October 18, 2008



Randall's Island - NYC