

2018 Summer League Application - WOMENS

MINOR (under 18) playing ADULT LEAGUE

Please TYPE all information into this form – Incomplete or Illegible applications will not be HONORED

Player Information

Player's Last Name:	First:	Gender:	
ACTUAL Date of Birth:	Age as of August 1, 2018:		
Primary Email Address (All future email correspondence will be sent to this address.)			
	Day Phone	Evening Phone	Cell Phone

PLAYING HISTORY

Highest level played: <input type="checkbox"/> Youth <input type="checkbox"/> High School <input type="checkbox"/> College Club <input type="checkbox"/> College Varsity			
Name of Summer League Team or FREE AGENT:		1 st Position:	2 nd Position:
based on player's AGE as of August 1, 2018			
WOMENS DIVISION	<input type="checkbox"/> OPEN 18 or older Younger players are eligible with this completed WAIVER		

SEE FULL REGISTRATION AND PAYMENT PROCEDURE BELOW

STAFF: Review Carefully

ALL INFO MUST BE COMPLETED

FOR OFFICE USE ONLY

Online Registration: _____
 Parental Waiver Scanned _____
 Payment Amount _____
Staff NAME: _____

Full registration and payment PROCEDURE

RETURN Completed & SIGN scan and
 EMAIL to: yagirls@tripleedgelax.com
EMAIL SUBJECT: MINOR App ADULT
Body of email: Player's Name & Gender

REGISTRATION IS NOT COMPLETE:
We will send full online instructions

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS for ADULT LEAGUE
MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN ONLY

In consideration of (player's name) _____ my minor child/ward being allowed to participate in the TripleEDGE **ADULT OVER 18 YEAR OLD LACROSSE LEAGUE** the undersigned acknowledges, appreciates, and agrees that: **1)** The risk of injury to my child/ward from activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, **2)** FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's/ward's participation; and **3)** I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and, **4)** I myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of next of kin, HEREBY RELEASE THE sponsors, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. **5)** I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law. I if you have no health insurance put NONE below.

Health Insurance Company: _____ **Policy or ID #:** _____

I certify that my child is in satisfactory health to participate in these activities. I hereby authorize the management of TripleEDGE Lacrosse to obtain emergency medical care for my child for injuries or illness that might occur during this program. I further direct all medical/hospital facilities to accept this document as authorization to render essential care deemed medically necessary in the event I am unable to be immediately contacted. **I/We have read the this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.**

EMERGENCY POC: _____ **Relationship:** _____ **Phone Number:** _____

MUST SIGN Parent/Guardian Signature: _____ **Date Signed:** _____