

SPSG Lacrosse Tournament

Athlete Registration Waiver Form

****Must be completed by each player in order to participate****

Last Name _____ First Name _____ Team Name _____
School _____ HS Grad Yr. _____ Club Coach/Phone _____
Birthdate _____ Phone ____ - ____ - ____ Division _____
Home Phone ____ - ____ - ____ Email Player _____
Home Address _____ City _____ State ____ Zip _____
Email Parent _____
Emergency Contact Name _____ Phone ____ - ____ - ____

Waiver of Liability

In signing this application, I release St. Paul's Schools and other involved parties from any claims or responsibility for injuries suffered in the SPSG Lacrosse 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 the SPSG Lacrosse Tournament. Further, I authorize the site director to request medical treatment as necessary to insure my well-being.

Athlete _____ Date _____

Parent/Guardian _____ Date _____

Health Insurance Provider _____ Policy _____

US Lacrosse Membership # _____