

NUMBER:

UNIFORM SIZE: T _____ S _____
½ TEAM FEE: PD _____ N/P _____

★ STARS LACROSSE ★

APPLICATION

Please note: Girls must be in grades 6-8 in the 2010-2011 school year

Bring completed form to Tryouts - - September 12, 2010

Last Name:

First Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Parent Email: (required-print clearly)

Position:

School:

Current Grade:

US LACROSSE NUMBER (Do not leave blank!):

(go to www.lacrosse.org to join or check member number)

Medical Injuries / Allergies / Concerns:

Insurance Company:

Policy #:

Group #:

ID #:

I give my consent and approval for my daughter's participation in the STARS Lacrosse League at St. Stephen's and St. Agnes School. I / We hereby release and hold harmless the employees of the STARS Lacrosse League and St. Stephen's and St. Agnes School, it's agents and employees, from all claims, damages or other liabilities for injuries to the player which are not the result of gross negligence by the STARS employees or the School, it's agents or employees. I understand the School does not provide accident insurance. I hereby authorize any medical treatment which may be advised while my child is enrolled in the STARS Lacrosse League.

I HAVE READ AND AGREE TO THE ABOVE (Signature of Parent / Legal Guardian)

Date:

