**TC Select Lacrosse Team**

 Player information, insurance, and wavier form.

Player full Legal name: \_\_\_\_\_\_

Address:

City: MN. Zip:\_\_\_\_ \_\_\_\_Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Player cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attending next fall: Grade entering in fall:\_\_\_\_\_\_\_

Graduation year: \_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_ Position: A M LSM D G (circle one)

Player email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier: Policy #: \_\_\_\_\_\_\_\_

Emergency Contact: Phone:

We the undersigned, for ourselves our heirs, executors, and administrators, **wavier and release and forever discharge, all coaches and administrators of TC Select Lacrosse, it’s staff officers, agents, representatives, of any and all rights and claims for damages which may be sustained or occur during participation at practice, tournaments, or while in TC Select Lacrosse activities, whether paid damages, injuries or loss are due to negligence or not. This includes ALL injuries incurred including concussion, fractures, or sprains of leg,** **wrists, shoulders, ankle, but not limited too**.

Initials: \_\_\_\_\_\_

I certify that the participant is in good physical condition to participate on the **TC Select Lacrosse team, understand the dangers competing in this sport and take responsibility for all claims and injuries sustained regardless of how they incurred.** Initials:\_\_\_\_\_

We, being the legal guardians for the above player, authorize any agents of the **TC SelectLacrosse Team** permission to request medical treatment as necessary to insure the well being of our dependent. In the event of a medical emergency, 911 will be called and player will transported to nearest hospital by ambulance as deemed by the medical specialist. All charges incurred will be the responsibility of the player’s Parent/Guardian. We also guarantee that the players has adequate personal health insurance to cover all cost associated with all potential claims. Initials: \_\_\_\_

**I have read and understand the above statements and agree to be bound by all of its terms.**

Signed: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_